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NATIONAL DRUG CONTROL STRATEGY

HEARING BEFORE THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

ONE HUNDRED SECOND CONGRESS

FIRST SESSION

FEBRUARY 6, 1991

Printed for the use of the
Select Committee on Narcotics Abuse and Control

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(102d Congress)

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NATIONAL DRUG CONTROL STRATEGY

WEDNESDAY, FEBRUARY 6, 1991

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The committee met, pursuant to call, at 1:20 p.m., in room B-352, Rayburn House Office Building, Hon. Charles B. Rangel (chairman), presiding.

Members present: Charles B. Rangel, Frank J. Guarini, Edolphus "Ed" Towns, James A. Traficant, Jr., Nita M. Lowey, Donald M. Payne, George H. Hochbrueckner, Lawrence Coughlin, Benjamin A. Gilman, Michael G. Oxley, James M. Inhofe, Wally Herger, and Bill Paxon.

Staff present: Edward H. Jurith, staff director; William S. Smith, minority staff director; James Alexander, press officer; Richard V. Baum, minority professional staff; Jennifer Ann Brophy, professional staff; George R. Gilbert, staff counsel; Rebecca L. Hedlund, professional staff; Robyn Rosenblum, professional staff; Christina T. Stavros, administrative assistant; Sharon Vander Till, minority press secretary; Mary Frances Valentino, minority staff assistant; Melanie T. Young, minority professional staff.

OPENING STATEMENT OF HON. CHARLES B. RANGEL (CHAIRMAN), U.S. CONGRESS

MR. RANGEL. The Select Narcotics Committee will come to order.

We are very pleased to announce that the Speaker is appointing five new Democratic members to our committee: Ron Mazzoli; George Hochbrueckner, my colleague from New York; Ron de Lugo from the Virgin Islands; Craig Washington from Texas; and Tom Andrews from New Jersey.

If the hearing would come to order—I want to thank Mr. Walters and his colleagues at the Office of the National Drug Control Policy for appearing before the committee today on the third installment of the national drug control strategy. The President has requested an increase in funding of \$1.1 billion for antidrug programs and it seems as though the emphasis is on interdiction and law enforcement, with small attention addressing hardcore drug abuse and drug addiction at their root causes. I had hoped that we might find a more comprehensive plan, but I know that there are other priorities at this time.

I am going to deviate from this prepared statement because it is lauding the administration for the decrease or encouraging signs in drug abuse over the past year, and I would like to comment on that.

I hope you will include in your testimony, Mr. Walters, how we reached the conclusions for the encouraging signs that the majority and minority staff believe have been made, and certainly I have heard this many times from Mr. Bennett and I assume that you will be testifying about it.

I don't understand how the household surveys work, and I just hate to believe that someone who is just knocking on someone's door is asking, "Do you use drugs? Have you used drugs? Are you now using drugs?" So I know it is something more scientific than that.

And also, the high school senior survey which I hear so much about. My problem is those kids who are kicked out of high school, not those who make it there. As a matter of fact, when we talk about the kids in the Persian Gulf, they are the cream of the crop that we have. They are drug free, they have completed high school, and certainly if we want to take advantage of that I think that is a very good sign.

Also, my line of questioning is going to be not so much the strategy, but who are the people who are enforcing the strategy. I have said that if my President was to appoint a Colin Powell for drugs, with that type of respect and influence among the people he is over, then I am certain that we will get a firm handle on this drug problem.

Right now, we do not have a drug coordinator. When we do get a coordinator, I hope that you find somewhere in your testimony to tell me who he will be coordinating. Because I have not read, seen or felt the priority given to this problem by the Secretary of State in terms of drugs being a priority on a foreign policy agenda. Indeed, we just left Colombia and they say they haven't seen us since Cartagena. I have not seen a priority on this from our Attorney General's office, except that I think we are up 200 DEA agents from 2,800. And I have said publicly I think we have got just about that many Capitol policemen.

I have not seen a priority on drugs from my Secretary of Health and Human Services, but I know he is concentrating on smoking and I know that is bad for your health and I encourage him to do that. But I just haven't seen drug treatment on the agenda except as it relates to dollars rather than treatment modalities and what is working.

And I would like to compliment the military for what they are doing because our brief trip in Mexico has really proven to me that they have been very, very effective in coordinating their efforts with the Mexicans down there. And also, even though my friend and former colleague, Jack Kemp, has no money, he has spoken out on this issue, and I understand that our housing program for this year will be "get a hammer and find someone with a nail," but still I appreciate the fact that Jack Kemp realizes that even with the private sector it is difficult to get things moving and be competitive unless we can get a handle on drugs.

So we have got a strategy. I appreciate the fact that we have money. But I may not sound too much like a dyed-in-the-wool Democrat when I say I don't think the problem is money as much as I think it is leadership, direction, establishing goals, and identifying those people to carry those goals out.

I am certain that my dear friend, Larry Coughlin, agrees with me, but he probably will say it in different language, and I yield to him.

[The prepared statement of Mr. Rangel appears on p. 39.]

**OPENING STATEMENT OF HON. LAWRENCE COUGHLIN, U.S.
CONGRESS**

Mr. COUGHLIN. Thank you, Mr. Chairman. We want to welcome you to this hearing, our first witness before the select committee this year.

I would first like to pay my respects to John Walters, who has been the Acting Director of the ONDCP. When Secretary Bennett left several months ago you had all of the responsibility for overseeing the drug war during the transition to a new Director. You had the burden of developing a drug strategy for 1991, with reaching an agreement on funding for the Federal Government's drug war, and with the handling of the daily crises and problems. I know you had the responsibility but none of the recognition, and I would want to provide at least a little bit of that recognition here and say thank you for what you have done.

A great amount of credit also has to go to the President. In the midst of a conflict in the Persian Gulf, with media attention turned there, and during tight budgetary times, the President approved an 11-percent increase in the antidrug budget. This represents an 82-percent increase since 1988, and the President's commitment to the drug war is unflinching.

As we do begin to see the commitment pay off in the form of lower levels of drug use among our citizenry, I am pleased to see that we have succeeded in achieving our initial objectives, at least, as laid out in the first strategy. And this year's strategy, of course, proves that the strategy is not a static document; it is an ongoing thing. For example, as the demand side problem has shifted away from casual use to more frequent use, this year's strategy calls for a \$100 million initiative to expand treatment capacity.

So I thank you for all of your good work and I appreciate it, and I wait to hear your testimony.

Thank you.

Mr. RANGEL. Is there any member seeking recognition at this time? The Chair not hearing anyone, again, Mr. Walters, I welcome you to the committee and we are anxious to hear your testimony. Your prepared statement, without objection, will be entered into the record, but you may read it, highlight it or present your testimony in any manner that you feel comfortable.

STATEMENT OF JOHN P. WALTERS, ACTING DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, ACCOMPANIED BY STANLEY E. MORRIS, DEPUTY DIRECTOR FOR SUPPLY REDUCTION; HERBERT KLEBER, PH.D., DEPUTY DIRECTOR FOR DEMAND REDUCTION; JUDGE REGGIE B. WALTON, ASSOCIATE DIRECTOR FOR STATE AND LOCAL AFFAIRS; BRUCE M. CARNES, DIRECTOR OF PLANNING, BUDGET, AND ADMINISTRATION

Mr. WALTERS. Thank you, Mr. Chairman. If my statement is in the record, then all I would like to do is take a minute just to summarize a couple of high points and then we can go on with your questions, because I know you have other business later this afternoon, and time is short.

As has already been indicated, the third national drug control strategy, we believe, continues the general policies and program structures that were enunciated in the last two strategies. We are seeking increases for demand reduction programs, for international border security patrol programs, and domestic law enforcement.

We have requested \$11.7 billion in budget authority for fiscal year 1992, a \$1.1 billion—or 11-percent—increase over 1991. Put another way, as Congressman Coughlin pointed out, \$5.3 billion—or 82 percent—more in the drug control budget since President Bush took office. These increases are spread through all functional areas: criminal justice, treatment and education, community action, workplace prevention programs, international initiatives, border interdiction, research, and intelligence. We are seeking these additional resources in the face of encouraging signs that drug use is declining, and particularly encouraging we believe are indicators that the most serious form of drug use, including cocaine, also is diminishing.

The President's first drug control strategy, as required by law, set nine numerical or quantifiable goals for 2-year and 10-year periods. The first anniversary of the first period of evaluation of those goals is 1990. Most of the goals we set concerned use. We thought it was important that they be realistic and that those goals give the country a sense of where we are. I think there had been some times in the past where people made various claims for what was going to happen and people lost confidence. We are still in the process of building, I think, the confidence and evaluating the policy, but we wanted to give an idea of where the Nation is. This is not, and we have been very careful and the President has been very careful, to indicate that the Federal Government did this. America did this.

We are pleased to report that in the first 2-year period seven of the nine goals for which there is information available, based on the instrument we identified in strategy I and the latest available data for 1990, have been met or exceeded. Areas of greatest progress have been in some cases areas that we didn't expect to have the progress of the magnitude that was reported in the latest survey instruments. In the cases where we have had unexpected progress all other areas, we have revalidated, notched up, and set a new set of goals for 2 years and 10 years from this strategy.

The bipartisan support of this strategy, we believe, has been outstanding. The first two strategies were acted upon quickly. There have been discussions. There have been differences. But we think they have been resolved in an admirable manner and that we have created a true national drug control strategy that the Congress, the executive branch, the Democrats and Republicans working on this problem here and around the country have moved behind. We think that is important. We ask that that continue, and we ask for continued congressional help in consideration of this strategy.

Let me just in closing talk about a couple of areas where we are also seeking congressional action.

First, treatment funding. Last year, you will recall, the administration proposed a \$100 million increase in the ADAMHA drug treatment block grant to States. We got only a third of that amount, and we almost got even less, in our judgment. We are concerned about the amount of interest and pressure we can keep on this issue to maintain support across the board.

We would like to ask your help in extending this effort in regards to the President's new proposal for \$99 million put in the Office of Treatment Improvement in the Department of Health and Human Services for a targeted program to bring additional treatment resources to areas of greatest need. This would bring total treatment funding to \$1.7 billion in fiscal year 1992.

In addition, we would like to again seek your help in moving along some measures that will improve the effectiveness and extent of Federal programs. The first is the need for statewide treatment plans. As you know, last year both Houses of Congress passed this several times in various measures. These proposals never emerged from conference and were never able to signal it into law. We believe, if we are going to use expanded treatment money effectively, we need statewide treatment plans that identify need and apply Federal and State resources that are joined together in the areas of greatest need.

We also need a companion piece to that document that includes accountability, where treatment programs receiving resources are asked to provide evaluations; that good programs receive continued support and expansion and those that aren't performing are removed from continued support. We intend to send legislation forward that reiterates both these proposals as well as seek a similar statewide program for prevention planning.

In addition, we would like to seek some additional help on the Drug Intelligence Center. We proposed in last year's strategy a Strategic Law Enforcement Intelligence Analysis Center to help us better target trafficking organizations and target law enforcement resources as they can best cause disruption and dismantlement of those organizations.

In the Senate a provision was passed into law last year saying the Justice Department may not participate in such a center. In the House, a provision was passed into law charging the Department of Defense with spending \$10 million to create such a center to be guided by the Department of Justice. We have an impasse, in short, and we would like to enlist as much help as you can give us in trying to sort that out.

I think most people who have looked at this believe it is important that we bring this information together, both for the purposes of prosecutions and enforcement action, and for the purposes of long range policy and planning.

In addition, the President late last year introduced an Andean trade preference initiative. This is to allow us to expand trade with the Andean countries. In addition to the three that met with us in Cartagena, it includes Ecuador. That measure has been reintroduced. We would like to see it passed as quickly as possible. The latest word I have is that President Gaviria of Colombia will be in this country at the end of the month to meet with the President.

Maybe you forgot in mentioning that there hadn't been any contact. President Gaviria was up here last summer after Cartagena and met with the President. I met with him, and Mr. Bennett as well. You may have met with him as well, here with a number of other colleagues. So we are trying to keep that on the front burner.

We would also like to seek additional help in moving along measures that include additional sanctions for those who fail to land or bring-to in aircraft and ships that are interdicted by Federal law enforcement officials. We asked for this last time. It will help make us more effective and give us an extra tool in interdiction. We will reintroduce this measure and we would like to try to get it on the books as soon as possible.

In addition, we will reintroduce the previous proposal for streamlining the exclusion and deportation of criminal aliens. This is a serious problem, particularly in some regions of the United States where individuals convicted of drug crimes are difficult to remove from the country and difficult to remove once they have been convicted and serve their time in prison.

Finally, we would like to seek help in—and I know this is controversial—in approval of the administration's past proposals for death penalty expansion in regard to drugs. Our proposal included three categories: first, drug kingpins, those who are major traffickers; second, major traffickers who seek to intimidate the criminal justice system or law enforcement officials with violence; and third, individuals who are engaged in trafficking, and even though not premeditated, cause the death of innocent individuals or law enforcement officials. We think these are useful tools, particularly at a time when we are struggling to come to grips with serious problems with murder and violence in this country. They are not the only tool, but we think they are an important tool and we would like to get them passed as soon as possible.

This in conjunction with the contents of reports on the present programs and budget requests contained in our third national drug control strategy and the companion budget document, constitutes our best effort to bring together the executive branch as a starting point for working with you and your colleagues here on the Hill, and to continue the momentum that we have started and to continue to support these programs.

I will say there is a lot of talk about the drug issue. There has been concern about whether it is going to fall off the back burner. The President has been directly involved because I, due to my responsibilities over the last several months as Acting Director, have had to fill in here. I have had numerous meetings with the Presi-

dent on the consideration of the strategy and budget. He is firmly committed to this. He has appeared personally, despite the strain on his schedule, at both the release of the strategy and its surveys, and he has made clear in each one of those publicly and privately that this remains a major concern.

And I would say I think the biggest indication of that is, that the President is seeking an 11-percent increase even while most domestic discretionary programs as a result of the budget agreement are going to receive less than the increase in inflation for their program support. I don't know of another domestic program of this type that has received the increases the drug control program has had.

And I agree with you entirely. We can't fight this with money alone. But we need more resources, we are getting them deployed, we need the additional legislation and effectiveness. I think the President has indicated in all the ways he could his commitment, and I think that commitment will remain.

Thank you.

[The prepared statement of Mr. Walters appears on p. 43.]

Mr. RANGEL. Thank you. Mr. Walters, on this household survey, have you any idea at all how it is conducted?

Mr. WALTERS. Yes, sir. The household survey is a statistical representative sample of 98 percent of the American population. The survey identifies in this case over 9,000 individual respondents that are balanced scientifically for a cross-section of American households. The survey is then—an individual fills out a survey form and mails it in.

There have been questions about anonymity and about response rates and so forth. First of all, this year they had the highest response rate of any recent year of the household survey. It is up over 80 percent, which is remarkable for these kinds of surveys, as I understand it. Second, there are ways of tracking data. There has been concern about people lying about drug use, and particularly, as the public opinion about drug use has become more and more negative, whether fewer and fewer people will admit drug use. We have a number of surveys that allow us to cross check overlapping populations. But, in addition, the household survey asks a question about lifetime drug use. The survey, which has been in place for almost 20 years, would eliminate the possibility of a person denying drug use if they had indicated previous use. And, in fact, the validity of those numbers as we have tracked them over generational break-outs is very high.

Mr. RANGEL. Do you have a copy of this form?

Mr. WALTERS. I don't have a copy of it with me, but we can supply you with one.

Mr. RANGEL. Has anyone ever seen a form?

Mr. WALTERS. Yes, people in my office work with NIDA.

Mr. RANGEL. Because for my community, if what you are saying is that I would receive a form sent to me asking whether I—now, who would we send it to?

Mr. KLEBER. It would be given to you.

Mr. RANGEL. Given to me.

Mr. KLEBER. Given to you is correct.

Mr. RANGEL. Right. I get a form given to me as I go into my home——

Mr. KLEBER. Yes.

Mr. RANGEL [continuing]. Asking whether I am using drugs, my wife is using drugs, or either one of my two kids are using drugs; is that correct?

Mr. KLEBER. Yes, sir.

Mr. RANGEL. Is that right?

Mr. KLEBER. And the person asking you those questions does not see your answers.

Mr. RANGEL. Oh, that is great. He is from the Government. He doesn't——

Mr. KLEBER. No. No. No. No, you're not understanding me, sir. I may ask you—you have the form in front of you. You put the answers down.

Mr. RANGEL. I see.

Mr. KLEBER. There is nothing on that form that indicates who you are.

Mr. RANGEL. I understand that.

Mr. KLEBER. And then you take it out and you mail it. So I never see——

Mr. RANGEL. I am a politician and I just put on the form that my son's got a \$200-a-day habit and I just mail it in; right?

Mr. KLEBER. Yes.

Mr. RANGEL. And my daughter who had the habit, she stopped using. And my wife is just a recreational cocaine user. Right? And then I mail it and say it is confidential, please don't tell anybody that.

Mr. WALTERS. Well, once you put it in the mailbox there is no way to link you to the form.

Mr. RANGEL. That is right. Fingerprints, all that stuff.

Judge Walton, relying heavily on your experiences in the community and as a judge, does this make any sense at all, this form and the validity of the responses that they receive as an accurate indication of drug abuse?

Judge WALTON. In the manner in which this form is prepared, I would agree that yes, there is a high degree of reliability, since there is no real way to link you to that particular document.

Mr. RANGEL. Now I don't know where you were raised but you know where I was raised. So I am just asking you, Judge, not as a part of the administration, but just based on your experience, what do you think the reliability rate would be for these forms being distributed in Central Harlem?

Judge WALTON. Well, I believe the people in Central Harlem are just as honest as people anywhere else, and I would expect that those who actually send in the form would respond accurately.

Mr. RANGEL. The point is not who sends them in. Isn't the point who is not sending them in?

Judge WALTON. Well, 80 percent, as I understand, of the individuals who received those forms did, in fact, respond. Obviously, you have to take into account that 20 percent who did not, and maybe they didn't respond because of their fear that conceivably their answers would incriminate them.

Mr. RANGEL. All right. I am leaving this alone because other members have questions. I am directing staff to get information on this survey. We have got to have a hearing on the survey.

Now, let's get to the high school survey. It is my understanding that the Justice Department has written something on—a December 1989 report by the U.S. Department of Justice, entitled "School Drop-Outs Among Arrestees." Anyone familiar with that?

Mr. WALTERS. I don't remember it off the top of my head.

Mr. RANGEL. OK. It says here that—it says it demonstrates that the high school senior survey does not give a full picture of deviant behavior. This report by the National Institute of Justice states,

The dropout rates of arrestees underscore the limitations of surveys on drug use among senior high school students. With greater than one-third of all arrestees and more than 60 percent of Hispanic arrestees dropping out of school before the 12th grade, it is evident that this highly deviant and drug-abusing population is omitted from the High School Survey.

And then, according to the data gathered by the select committee here, by the General Accounting Office, they talk about a half million students dropping out. And then, it is my understanding, the survey doesn't include the homeless, it doesn't include those people in jail. And, as I pointed out, our best students are the seniors, and I get the impression that there is an explosion in the increase in the use of crack.

Mr. WALTERS. If I can explain, there are a couple of surveys that we use.

The household survey, as I said before, is a statistically representative sample of 98 percent of the American population living in households. It also has been made more expansive, and will continue to expand, to take on some of the issues you raised over sampling special populations. They have begun that in the last survey. That will continue.

The high school senior survey does only measure high school seniors. It asks a variety of questions about drug use and other kinds of information about health and experience. That helps predict the character and quality of life of young people generally.

We also test arrestees, and we know—we do know that dropouts tend to have higher rates of drug use from individual targeted studies. But the high school senior survey also does a breakout of drug use based on truancy. Truancy is measured in five levels over the last month. People are asked the magnitude of the number of times they were truant, from those that are not truant at all to those that are truant 3 or 4 days, 5 or 6 days, or more.

The evidence suggests that there is a strong correlation between truancy and drug use, in that the more truant you are, the more likely you are to be above the less truant level in terms of the quantity of drug use that is involved, slightly. But what is not different, as experts at a recent meeting at the OEOB suggest, is that even with dropouts, if you add them as a top strata, they will have the level of use. The trend is that use is not different. It is all down. And, in some cases, the populations that have started at the highest levels have dropped the most in terms of the truants that they can measure.

So, it is true that delinquent behavior, criminal behavior, and drug use are higher the more truant, and in the case of dropouts it

is 100 percent truant, in the dropout population. But, even in those populations, it is not a quantum or a logarithmic change in behavior. It is higher but it is also going down.

Mr. RANGEL. OK. Now, my last question is why is it that every time you come out with one of these reports about household surveys or high school seniors that in talking with those who run the hospital emergency wards they tell me that there is an explosion in drug-related illnesses? And they have been down here, they have testified. They are not talking about OD's. They are not talking about just gunshot wounds that deal with criminal activity, which could be nonaddicted, but they are talking about diabetes, they are talking about kidney failure, they are talking about tuberculosis, AIDS, and other types of things that are directly related to drug addiction. And every hospital has indicated that it is causing a crisis in our hospitals. That it is directly related to drug abuse. We have all of the testimony.

In addition to that I get responses from my district attorneys that indicate that there are more drug-related crimes being committed, more people going through the criminal justice system, more people in jail who are addicted to drugs.

Mr. WALTERS. Well, there is also a survey that is done based on hospital emergency room admissions nationwide and medical examiner mentions of drugs involved in deaths that are then autopsied. Both of those indicators, for cocaine as well as heroin, have been down for the last 12 months for which we have data.

Now, I think it is important to recognize this and we have tried to be careful. There are some parts of the country where the problem is getting worse. There are some parts of the country where it has not gotten better and the real suffering going on there is not to be diminished and is not to be ignored, and we are trying to address that. But when you ask what is happening nationwide, what is the overall trend? The trend from every measure, including national big city emergency room reports of drug-related incidents, is down 33 percent over the last 12 months for which we have reporting.

Now, I understand that this was an indicator you used to watch because I have the press releases. When the drug crisis was spiraling out of control that was an indicator going way, way up, and you pointed to the importance and the value of that indicator. Now, that has gone down, which doesn't say that every place is getting better, but it is to say that nationally we think we are having an effect. And the reason we are having an effect as a nation is because a lot of individuals are making decisions not to use drugs and a lot of individuals are getting into treatment. It is not uniform everywhere.

Mr. RANGEL. OK. But, Mr. Walters, I don't bring community witnesses here. I do bring national witnesses before the committee, and what they are saying as relates to the hospital is that if you come in with tuberculosis and you are a junkie they don't put down "drug related." If you have diabetes, if you have kidney failure, if you are on dialysis, the doctors are not recording these things as being directly related to drugs. And yet they tell me that any doctor in any city would clearly say what they have testified:

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Now, I understand that this was an indicator you used to watch because I have the press releases. When the drug crisis was spiraling out of control that was an indicator going way, way up, and you pointed to the importance and the value of that indicator. Now, that has gone down, which doesn't say that every place is getting better, but it is to say that nationally we think we are having an effect. And the reason we are having an effect as a nation is because a lot of individuals are making decisions not to use drugs and a lot of individuals are getting into treatment. It is not uniform everywhere.

Mr. RANGEL. OK. But, Mr. Walters, I don't bring community witnesses here. I do bring national witnesses before the committee, and what they are saying as relates to the hospital is that if you come in with tuberculosis and you are a junkie they don't put down "drug related." If you have diabetes, if you have kidney failure, if you are on dialysis, the doctors are not recording these things as being directly related to drugs. And yet they tell me that any doctor in any city would clearly say what they have testified:

That there is an increase in these illnesses that is directly related to drugs.

Mr. WALTERS. Within the limits of what you can know with any of the surveys, we care a great deal about these areas, and there is frustration in that we can't have perfect knowledge. Our goal is that within what we do measure that we measure it with the best statistical evidence, that we check the methodology, that we check for when there are slips in the way the survey is conducted or the measures are reported.

I am not aware of any evidence that there is a systematic effort or there is a problem with the Dawn data underreporting. It has been a constant methodology. They have worked very hard. One of the reasons why the data doesn't come out more quickly is that they carefully analyze and scrutinize the tables and the panels to make sure they get consistent data and it is done correctly.

I know, because I got reports of testimony you had, that people were saying all of a sudden people are overwhelmed and they are not able to count anymore, and we have made inquiries. I cannot find any evidence—and I will ask Dr. Kleber if he can fill it in. I cannot find any evidence that that is a problem with that survey.

Judge WALTON. Mr. Chairman, if I could just respond? I don't disagree with you that we still in this Nation have a critical problem with substance abuse, and many communities are suffering tremendously under the weight of the problem. However, even in Washington, which, as you know, has a serious problem, the statistics regarding those individuals who come into the court system who test positive for drugs has gone down and gone down dramatically. When I was on the court 19 months ago the number was significantly higher than the number of individuals who test positive now, and everybody who comes into the court system in the District of Columbia is tested before they appear in court.

That is not to say, however, that the District of Columbia is not now suffering tremendously. That is not to say that the courts aren't crowded. That is not to say that the emergency rooms are not overwhelmed. But I think statistically it clearly is proven that the rate of usage, the number of individuals testing positive has decreased.

Mr. RANGEL. Well, Judge, you know, it could very well be that the District of Columbia Police Department has changed its strategy; instead of picking up low-life junkies, they are doing some high-falutin, high-level narcotic arrests. I don't know, but I tell you this. When you walk the streets, as I know you do, Judge Walton, in the District of Columbia, New York, Chicago, Baltimore, Los Angeles, when you walk the streets nobody comes and says, "I do believe that there is a leveling off."

Now, I am going to have hearings just on the statistics, and we are going to have some excitement with that. But it is painful. And then I understand that a lot of the money that we had for the high-intensity areas that you are talking about—and I might say only you are talking about high-density trafficking areas—there is a recommendation that that be reduced in the budget and be incorporated with an overall discretionary fund for governors. And it would just seem to me that if you believe that you are doing so well that you might want to target and concentrate on those areas where

you believe that you are not only not doing well but you are doing poorly. Not you, us. All of us.

Mr. WALTERS. OK, let me eliminate some confusion.

Mr. RANGEL. And that is my last question.

Mr. WALTERS. The High-Intensity Drug Trafficking Area Program was funded at \$25 million in fiscal year 1990, \$50 million for Federal—again, Federal resources in fiscal year 1991, and then Congress added \$32 million in addition to the \$50 million for State grants to the participating State agencies. We are requesting \$50 million in fiscal year 1992 for that program targeted on the Federal support for those areas where drugs are being imported, the five high-intensity drug trafficking areas.

The program that you mentioned that is listed as a possible super block, or a new block grant program is the Justice Department Byrne Memorial Grants for State and local law enforcement, which goes to all 50 States and is much broader. I just want to make sure we don't get confused, because I suspect we are going to talk about high-intensity areas and we are going to talk about State and local law enforcement assistance. I want to make sure we don't blend them.

In the high-intensity areas, based on all sources of Federal money that we are asking increases in accounts, law enforcement and others, we anticipate that overall spending from all programs combined will go from about \$1.3 to \$1.5 billion in fiscal year 1992 versus fiscal year 1991. So, we are trying—because we don't think there are just five areas that have drug problems in the country. We are trying to concentrate on the places where we have inlets of drugs, and we are also trying to focus resources at the Federal level broadly because we know that the drug problem goes from rural America to urban America and stretches from coast to coast.

So, I just wanted to make sure of the basic facts. I will say, though, we talked to different people, and it is difficult to rely on anecdotal data. When we travel, and I will let my colleagues who do more traveling than I do—when I see people from out in the country—it's not true everywhere and I'm not trying to paint an unusually rosy picture, but some of the police officials, not just Federal, State and local, do say it's better where they are.

That isn't to say that it is not bad in places and it isn't to stop our effort, but I do think it's important to recognize that there are officials, even as Judge Walton mentioned, in the District of Columbia, that are seeing less crime related to drugs. That doesn't mean there isn't more crime and problems of crime.

I think it's important to remember, as we tried to from the start, that solving the drug problem is not necessarily going to be solving the crime or the violence problem. We still need to solve the crime and violence problem. Drugs have a role. But it's not going to be the basis for all crime, and particularly violent crime as we're seeing now.

Mr. RANGEL. The Attorney General will be bringing in the police chiefs and I do hope you will try your darndest to get a positive response from them. And you might want to give me the names of these people so Republicans and Democrats can listen to these people. I am saying it could be where I was born, raised, and now live that causes me to be so pessimistic, but nobody in the House of

Representatives or the Senate—the other body—has ever come to me and said, “Thank God, we’ve got a handle on this,” or, “It certainly has improved since last year,” or, “I see a flicker at the end of the tunnel.” Nor has the police chief told me that we’re finally moving in the right direction. All I hear is gloom and doom.

So, Larry Coughlin comes from a different city and I’m certain he’s going to bring a bright note to this whole hearing and change the entire direction in which it was going. I yield to him for as much time as he might need.

Mr. COUGHLIN. Mr. Chairman, I think it’s Mr. Walters and his team who have brought the bright note to us, which I appreciate.

I just want to ask one question and then yield to other members because you have a number of members here who deserve a chance to ask questions.

This committee has been concerned about the increasing level of heroin production abroad, and even the need for a possible heroin strategy. This particularly is a result of our inquiries to Burma where there’s almost a state of anarchy at this point in the game.

Do you have any information about trends of heroin consumption and production, and do we need a special heroin strategy? What direction should we take on this problem?

Mr. WALTERS. The third drug control strategy gives an explanation of what we propose to do in heroin. The second strategy, released last year, indicated we were going to try to bring together the elements of heroin control demand and supply, particularly internationally.

The difficulty here with heroin, unlike cocaine, is people obviously grow drugs in an area where it’s difficult to control, where civil government and lawful authority have problems of enforcement. This is particularly true of heroin grown in Burma, the largest producer, where the Government has limited control. We have serious problems with the Government with regard to human rights and its behavior. Although Burma is the most serious, there are particular problems in Laos, Afghanistan, Pakistan, and some trafficking in Thailand.

We have proposed in this strategy to try to work where we can, although we do not recommend and do not believe it’s feasible to do the same kinds of things we talked about doing in the cocaine strategy where we were dealing with democracies. While some of them had insurgent problems, they still had better control, had a better record, and had a commitment. Many of these governments we don’t believe are in that situation.

We will try to work with them to speed investigations, eradication, where we can. And we hope we can push this along.

But we do not believe in the short term we can be as effective. We’re going to try to work with the United Nations and other multinational organizations. And we want to work with the Soviet Union and China as major powers in the region that can help provide leverage and assistance. They have indicated an interest with us. So that’s the character of the strategy we’re proposing.

Domestic use has gone down as measured by Dawn emergency room figures—about 23 percent over the same 12-month period. But that’s a limited indicator. And the number and population of heroin users has been difficult to measure for some years—there

have been various estimates. We're working to get better census of problem drug users' data. Some of it will take the form of a questionnaire which I know the chairman will probably have some problems with. But there are, we think, reliable instruments that give us a part of the picture. We're trying to do some other data as well.

In terms of overall, the final report isn't done but worldwide it looks—based on preliminary data, and I emphasize it's preliminary—that there's, over the last year, been a 10-percent drop in worldwide heroin production.

Mr. COUGHLIN. Thank you, Mr. Chairman. I have other questions but let me yield to other members.

Mr. RANGEL. Thank you.

Mr. Traficant.

Mr. TRAFICANT. I'd just like to make a few comments. And I'm glad to see everybody's here bringing us this news. I was a sheriff. I ran a drug treatment program—substance abuse program—for almost 11 years.

Drugs are nothing more than a symptom of other problems. And I don't think we ever really married our drug efforts with some of the other efforts. I mean I think we've had a war on poor people, not really a war on drugs. I look at it from both elements. The rich kids were able to get off, quite frankly.

I think that we have to put much of our efforts, my opinion, through education and prevention. Everybody's still afraid of dealing with that fragile term called "high"—getting high. Everybody's so afraid of promoting—so-called promoting—drugs, no one's dealing with the truth, with many of the young people who are experimenting.

To tell you the truth, I never met a kid that said, "Hey, Mr. Traficant, I smoke reefers because I want Mexico to have a better army." Most young people who are getting high are doing so experimenting. They're enjoying the side effects of it. And they do not see the real hassle with it. I think that's going to take massive education and prevention.

I would like to see our national strategy focus on those particular goals. I'm not so sure I could accept any statistics at this point. I don't know what the barometers or statistical data really can show with the diverse nature of this problem in our streets, believe me.

But whatever you have done, we have seen some success. Even though there's disagreement, as the chairman has brought out, we are at least to the point in what I've seen in 6 years talking about those differences and promulgating some strategy.

So I would like to see us look at the cancer a little bit—on poverty, unemployment, and opportunity that's producing these other symptoms which drugs and alcohol are a part of.

Second of all, I'd like to see us make a more powerful effort in education and prevention that deals truthfully with the issue and doesn't turn most of the kids off who are listening to this to deal with those issues.

I can say this, I can't speak for the country on anything. In my particular area we had success for stopping the new admissions for heroin treatment. We are able to let kids know in our community there is a difference—there are some limits to that experimenta-

tion—and it worked. I think that type of simple approach could be incorporated into it.

I'd just like to ask one question, Mr. Walters. In that regard I'm probably more in line philosophically with our chairman on probably every issue except one. I was a strong supporter of the death penalty for those kingpins who commit murder. There are a number of cases now—there are three of them, I believe—that are coming up. They involve murder committed during a drug transaction which may be subject to this new statute.

I'd like to know in your opinion what you believe the effect of that particular law might bring as an ultimate weapon with drug kingpins and the drug smuggling that goes on?

Mr. WALTERS. I think the first thing it does is, it's equitable. The death and destruction caused by those who commit these crimes and are convicted of them—I believe and I know there are differences of agreement warranting the death penalty; deserve the most severe punishment society can inflict on such perpetrators.

Second, I think that such a tool will allow law enforcement to indicate to people involved in trafficking that if they are apprehended when they engage in this behavior, they can face this kind of sanction. Some of them, under certain circumstances, may be then willing to turn over information that allows us to dismantle more organizations in exchange for prison terms of considerable length instead of actual execution. It may be a tool that helps turn people away.

Also, I think that while in the case of some murders—and I do not have a personal problem with the death penalty for the commission of murder—that are crimes of passion and there may be some legitimate question about deterrence—drug trafficking is a crime of greed. Individual addicts may do it to support habit. But the kingpins are doing it because they are in it for the money. And that is something I think we can provide some deterrence for if we can make the threat credible.

Mr. TRAFICANT. On the other side of that, just real briefly, I've seen many times where young drug abusers entered prison—I mean young, young adults—and many times were nonviolent offenders, who had some drug background, they end up getting a break or a deal.

I think that on the downside of that I think we have to also start looking at maybe a different system of handling some of those cases. Many times we bring them out with more scars than they had when they went in. I'd just like to see that as a form of suggestion to see if that could be incorporated into some strategy—there are nonviolent types of drug offenders early in the game who someone might throw the book at and they end up coming out with more problems for themselves and for our country.

I yield back my time.

Mr. RANGEL. Mr. Guarini.

Mr. GUARINI. Thank you, Mr. Chairman.

I think all of us are pleased to know that the administration has requested additional moneys for the drug program and they are to be commended for that, particularly in regard to putting more emphasis on treatment and rehabilitation.

This committee has for a long time had hearings and tried to focus in and finally that message is getting across, and it's gratifying.

But there's another area that's neglected and still isn't getting across, and that's about prison treatment. We can say that there should be capital punishment. I'm in accord—I disagree with some of my colleagues, and I think this is a big question that people search their soul for—but I'm not convinced that capital punishment is not a deterrent to a crime. But I think that a society has a right to protect itself and it could be justified.

But we know that 1 percent of the money in the Federal prisons is spent on drug programs. And yet, it has been indicated that the programs reduce the number of repeat offenders by 50 percent. So it's actually well spent money.

Now there is \$22 million for Federal prisons that has been put on the line by the President and I'm sure that the Budget Committee Appropriations Committee will see that through. But I don't know if there is anything said about the \$10 million for juveniles and the \$40 million for State prisons that has been the subject matter of a bill by Senator Roth and myself. It seems to me that the time to approach the problem is when these people are in prison, not when the U.S. Department Administration Office of the United States Courts puts these people on parole. Because what we actually do is treat them behind the curve instead of in front of the curve.

It just seems that that \$57 million could be better spent, which we have in the budget now, if we take care of the treatment in the prisons instead of when they are about to be released.

I just wonder if you can address yourself to your concerns about our Federal and State prisons, and what kind of programs that we can expect at the Health Department or the Justice Department to have in our Federal and State prisons.

Mr. WALTERS. Let me begin by just saying, we agree with you. We have made an effort in the first two strategies as well as this one to increase drug treatment in prisons. We think that we also need to increase the treatment that people receive on parole as they are making the transition from prison outside.

Let me ask Bruce Carnes, our Director of Budget, to give you—I think the numbers you have may be only part of the story that we're recommending here.

Mr. CARNES. You're right, Mr. Guarini, that the Bureau of Prisons is devoting \$22 million in 1992. I think it's important to keep in mind that that's three times the amount in 1990. That is triple that increase.

Mr. GUARINI. But when you really consider how many people we have in the prison population and how severe a problem we have with drug-related crimes, it's still a pittance.

Mr. CARNES. Yes. Let me just go on. As you said, the courts are also spending about \$57 million on treatment programs associated with parole, detention, and various other kinds of programs not related to incarceration or sentences.

In addition to which, the Federal Government is providing another \$105 million to States and localities for them to undertake treatment in their own detention facilities.

Mr. GUARINI. Is that all for substance abuse——

Mr. CARNES. Yes, it is.

Mr. GUARINI [continuing]. Which is alcohol as well as drugs?

Mr. CARNES. This is drugs.

Mr. GUARINI. Just drugs?

Mr. CARNES. Yes. So it has gone up from about \$138 million in 1990, all these different programs together, to \$185 million in 1992.

I don't think we disagree that this is an important area that needs to be paid attention and I think that what I'm suggesting is that we are making efforts in that area.

Mr. GUARINI. But is your position that the appropriations in Federal prisons is adequate?

I mean, you have \$11 billion which is being spent, and we know that many of the worst of our society is a prison element. And of the \$11 billion, it seems that when these people are out they are time bombs in the communities, that these are the ones that should really be educated, rehabilitated, or trained, or whatever has to be done in order to minimize the damage they are going to do after they get out.

Judge WALTON. Mr. Guarini, if I could just respond to it.

I think it's very difficult to really assess to what extent additional funding will be needed to treat all of those who can in fact benefit from treatment who are incarcerated.

I totally agree with you that we have a captive audience, in reference to those who are in prison, and we should seek to try and help them deal with their addiction. Because clearly, if they can effectively do that, that's going to increase the chance that they will not commit another crime once they get out.

The sad reality is that there are a lot of individuals in prisons who don't want to deal with their addiction for a host of different reasons—or can't deal with their addiction. I don't think that we can kid ourselves and suggest that we can in fact help and cure all of those who are in incapacitated situations.

In fact, in those institutions that I have seen, where they do have effective programs—and I saw one in Alabama, one in Delaware, and also one up in New York on the East River on a barge. What I was impressed about was the fact that you did have individuals who were truly committed to try and deal with their problem. But those individuals had come forward and voluntarily said that they wanted to participate and they had not been forced into a treatment setting.

I think one of the realities is that the individual himself or herself has to be motivated. And the sad reality is that there are a lot of people in prison who are not motivated to seek to deal with their problem.

Mr. GUARINI. I guess last, just let me ask, Mr. Chairman, through you. Judge Walton, do you feel that all the people who are coming forward are being taken care of in our Federal prison system; that we at least have put in place a maximum effort to attend and treat the people who want to be treated?

Judge WALTON. I will candidly admit to you that there has historically been a problem with adequate resources to provide treatment for those who want to deal with their problem.

I would hope that with the additional funding that we have put into the effort that many more of those people will in fact be effectively treated. And as we learn more about the addiction process and the classification process for those who are in prison, hopefully we will get a better handle on how many can in fact benefit, and provide the resources necessary to deal with their problems.

Mr. GUARINI. Thank you.

Mr. CARNES. If I could just add one point. There will be a drug abuse education program in place in all Federal prisons at the end of 1991. There will be drug treatment in 50 percent of all Federal prisons by the end of fiscal 1992.

Mr. GUARINI. I guess my only point is that it's a pitiful effort when you consider the egregious nature of the problem. To say that we will have 50 percent in place at the end of 1992, after this committee has been focusing on this for the last 10 years or more, seems rather pathetic.

Mr. RANGEL. Let me apologize for not recognizing Mr. Gilman earlier. Ben Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

I want to commend our administrators who are here today for the work they have been doing in putting together this new national drug strategy. We certainly have come a long way over the last decade and, of course, we have a longer way to go.

I'm a little curious about who is in charge of the Office of National Drug Control Policy which is apparently the President's primary executive branch agency controlling the strategy. Who is the central figure there? Is that you, Mr. Walters?

Mr. WALTERS. Yes, I'm Acting Director.

Mr. GILMAN. Do you bring together the other agencies involved in this strategy? Do they come together to make certain that the strategy is being effectively implemented?

Mr. WALTERS. Yes. The formation of the strategy is guided by our office. We hold meetings. The latter part of the strategy, as you will note, gives a long list of officers and individuals we've either personally contacted or been in consultation with, which includes all Federal drug control and some nondrug control agencies.

The final formulation of the strategy, after being prepared by our office, is reviewed through the Domestic Policy Council. This is one of the three executive councils which pass material for the President for a final decision.

The implementation of the strategy, and in some cases the preliminary development of material for the strategy runs through a combination of several groups and committees chaired by members of our office. There's a supply reduction working group, and a demand reduction working group. There is a subgroup of the National Security Council for the development of national security-related matters and overseeing of implementation.

Under these groups, and in others, there are several working level bodies that bring together people who may be working on everything from survey data problems and rationalizing survey data among individual agencies, to carrying out surveys specified in the strategy and the budget, to those working on interdiction issues, to those working on intelligence issues or law enforcement coordination.

So there are a series of bodies that bring together people who have to work on implementation as well as make suggestions about the policy. Those are specified in one of the appendixes to the drug control strategy. Our list of committees doesn't prove that they work. But I think that the performance and the reduction and the stories about turf battles, the fact that we have a program that the President and executive branch felt strongly enough about to put an 11-percent increase behind, I think indicates that within the realm of reason this is working pretty well.

Mr. GILMAN. The program certainly sounds good. The implementation, of course, rests in your hands. Over the years we've seen some very complicated floor plans, and all kinds of organizational charts that left a lot to be desired as far as having a good, firm central control of the whole works.

Do you feel now that there is a proper organizational structure in place, where you have good accountability and are aware of the implementation and how effective it is?

Mr. WALTERS. Yes, I do. That doesn't mean that we aren't looking for ways of improving and strengthening it. But I also think it would be misleading for me not to suggest that the legal authority of our office—despite the common reference to drug czar—is not a dictator in the bureaucracy.

Our strength ultimately comes from the President. If he wants things to work and we can bring things to him, and when there's followthrough, and we have his support, the executive branch will form.

Mr. GILMAN. Are you finding good agency cooperation?

Mr. WALTERS. Yes.

Mr. GILMAN. And no more turf battles, that is everyone is working, you don't need—

Mr. WALTERS. I would never want to say there's never any conflict between strong members of a common team. This is something like sports, as Mr. Bennett used to say, and there are going to be some intramural rivalries. That can help stimulate achievement. What we have to do is make sure it doesn't go beyond that into blocking achievement.

There are tough issues. I mean there are tough issues in preparing the budget—how much goes in this category versus that category. And sometimes reasonable people differ and there are strong disagreements. Not to mention the fact that important Cabinet members have responsibilities that are partly in the area of drugs and partly in the area of other things that involve white collar crime, or AIDS treatment, and they may feel strongly that the priority we want to put on the drug portion of their operation is different from the priority they'd want to put on it given their broader scope.

Mr. GILMAN. Let's assume you run into that kind of a battle. Because you are in charge of the drug war, are you succeeding in establishing the appropriate priority on each issue?

Mr. WALTERS. I think so. The first thing we try to do is resolve this at a level between our offices. If we cannot do that, then it is raised to the President to make the decision. He had to make some decisions in regard to this budget, obviously, and in regard to the policies recommended.

I think his budget speaks for itself here.

Mr. GILMAN. Are you satisfied with the breakdown of a third for enforcement, a third for interdiction, a third for education and treatment?

Mr. WALTERS. Roughly speaking, I am, I think. And I know there are differences about relative balance here. I think it's important to work internationally and to maintain, without enormous expansion, interdiction as well as international programs. I think they have been paying off. They're slow, they're difficult.

Many members of this committee have traveled and seen what it's like working out in the field. But I think it makes an important contribution.

In terms of law enforcement, law enforcement is an expensive operation. You have to decide from prison cost; you have to have personnel and cars. Although the Veterans' Administration does some treatment, most of what we do in prevention and treatment are block grants that are supplied to the State.

So, roughly, I do believe that that breakdown is appropriate when you look at the individual programs and you look at the national responsibility.

Our estimate—and it's just a rough estimate—is that obviously a lot of law enforcement is money that is spent by States and localities. And when you break down law enforcement, they obviously don't do international programs.

When we look at the demand reduction versus enforcement or supply reduction, their balance is about 7 to 1 in favor of law enforcement because of its costliness. So I think our balance, given our position, is appropriate.

Mr. GILMAN. I read a report recently about the long delays in the distribution of Federal drug enforcement block grants in the States to local governments and from the Federal Government to the States.

Have we gotten beyond that now? Are we still running into that kind of a problem?

Mr. WALTERS. We actually introduced, or released a report, in the latter part of December of last year because we wanted to monitor the distribution of block grant moneys from the three major block grants—the education prevention grant, the treatment grant, and the Bureau of Justice assistance grant from the Justice Department.

What we found is, over the course of these programs, the amount of time in getting the money out has radically diminished—partly as a result of the routinization of the grant program; partly, I think, in fairness, the result of a lot of hard work from a lot of people in the agencies and in the States.

The money is getting out, we think, very expeditiously. What we're beginning to see is some of the money that I know from my past history and your past history, which you passed in the last administration. As you know, official block grant programs have an outlay lag and the money is now beginning to find its way into the schools just as the 1992 money will—note at the beginning of 1992, but later on. They have 3- or 4-year spend-out rates beginning to—

Mr. GILMAN. How much of a lag is there?

Mr. WALTERS. It varies.

Mr. CARNES. In the case of the Justice program, Mr. Gilman, in 1987, the time it took the median State to complete its application and get it into the Federal Government was 272 days.

Mr. GILMAN. That's almost a year.

Mr. CARNES. That's right.

And then the Federal Government ground its process as well. By 1990, that 272 days had dropped to 62 days. And the Federal Government turns the application around in 28 days. That's the average.

In part, there are a couple of things to explain that.

One, the program had an uneven funding level for a number of years and we bumped it up so it's up to a stable level—we tripled it, and it's up at a stable level now.

Also, as States got used to the process, they got faster at it and we got faster at it. I think that in part explains why that process has improved.

Mr. GILMAN. I have a note here in front of me which indicated for fiscal year 1990, States reported to the Bureau of Justice Assistance that as of August 1990, one-half of their block grant funds to State and local agencies had not been awarded.

How does that compare with your statistic?

Mr. CARNES. I don't think those are necessarily in conflict. What happens, 34 or 37 States have a requirement in their State constitution that requires whenever they get a Federal dollar, they have to send it through their State appropriations process. So when the money gets out to the State, the State can't just immediately turn it over to a locality; it has to funnel it through the State appropriations process and then pay it out.

Mr. GILMAN. But this doesn't touch on that. It says it hasn't gotten to the States as yet.

Mr. CARNES. That hasn't gotten to the States?

Mr. GILMAN. One-half of their block grant funds to State and local agencies has not been awarded.

Mr. CARNES. I thought I heard you say that it hadn't actually gotten to the localities.

Mr. GILMAN. States reported to the Bureau of Justice Assistance and as of August they had not awarded one-half of their block grant funds to State and local agencies.

Mr. WALTERS. The States had not awarded.

Mr. GILMAN. This is the Bureau of Justice Assistance reporting as of August.

Mr. WALTERS. The numbers that Mr. Carnes gave you were the Federal Government getting the money to the States. I think the number you have is the State getting the money out to the States—

Mr. GILMAN. That's not the way it's worded. But if you say that it's getting out faster, I guess I have to take your word for it.

Mr. CARNES. At least it's the median. We will have to take a look at when the applications came in.

My question is that the applications come in during the winter and so they would come in January, February, get reviewed and then get back to the States sometime in the spring or summer.

Mr. WALTERS. We can get you a copy of the committee report.

Mr. GILMAN. The States have been complaining about the delay, and I just hope that you are expediting all of this.

Mr. WALTERS. Yes.

Mr. GILMAN. Just one last question.

Our local law enforcement people continually tell us they are not getting enough help from the Federal Government in order for them to do the job we want them to do at the local level. Their budgets are tight, the State budgets are tight.

Have we increased the assistance at the Federal level to local law enforcement agencies?

Mr. WALTERS. As Mr. Carnes mentioned, the law enforcement block grant has been increased threefold since President Bush took office. Now there is a lag for all the reasons we've just been discussing on when that money actually gets to the individual local police authorities as well as court authorities in the case of that grant.

Mr. GILMAN. Are you satisfied that there's additional money out there now for local law enforcement?

Mr. WALTERS. I think we're finding—and I'll let Judge Walton, who travels out in the States more than I do, that we're beginning to see this arrive.

Mr. GILMAN. Judge Walton.

Judge WALTON. Yes. There's been a tremendous increase. I don't know if we could ever reach a point where you would find State and local law enforcement officials who would say, maybe legitimately, that they aren't getting enough.

But between 1989 and 1991, the amount of assistance going from the Federal Government to State and local law enforcement went from \$150 million to \$490 million. That's a tremendous increase.

The President has requested that that amount remain constant in fiscal year 1992.

And one of the complaints that I have frequently received from law enforcement officials at the State and local level is that sometimes they are afraid to implement new programs because they are afraid that the money won't remain constant.

I think the President has illustrated his commitment by increasing the amount and between this year and next year making sure that those are at least requesting that the amount remain constant.

Mr. GILMAN. Then you're satisfied that we're doing enough for local law enforcement?

Judge WALTON. I think we're doing our fair share, yes; I do think we are.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. RANGEL. The Chair would recognize a new member of the committee, Mr. Hochbrueckner from Long Island, NY.

Mr. HOCHBRUECKNER. Thank you very much, Mr. Chairman. I'm delighted to join this select committee.

I'd like to focus on the specific area of interdiction. As a member of the Coast Guard Subcommittee, I'm well aware that over the last several years we've been using E2C radar aircraft to detect small planes and boats, in the Caribbean especially, that have been attempting to smuggle drugs.

And certainly I'm under the impression that they've been doing quite well with that in terms of having our local law enforcement people greet the smugglers appropriately.

With the DOD now being involved in the interdiction area, it seems to me—being a former Navy person myself from aircraft carriers—that we could well be using the military—the Navy—with their E2C aircraft, and there's four or five on every carrier, to supplement and aid in this interdiction process.

I'd like to know, presently with the relationship with the DOD and their involvement, are you in fact using the E2C's associated with the Navy for that purpose to supplement the Coast Guard activity along these lines?

Mr. WALTERS. Yes, I can ask Mr. Morris, our supply reduction deputy, to give you a more detailed answer, but we are using those aircraft. We are also using military AWACS aircraft P-3's as well as the Coast Guard E2C's and Customs Service P-3 AEW aircraft.

We intend to use those. There's been a slight shift. Obviously the war in the gulf has drawn down a variety of detection monitoring assets. The level of actual assets that we had prior to Operation Desert Shield is diminished somewhat, but I want to say clearly—and this is not because I have to; it's because I think it's a credit to the military and they deserve credit here—they did a magnificent job of maintaining effort within the enormous pressure that they felt for quick and very large movements of assets and personnel to the gulf.

They have maintained a commitment at a level that I don't believe anyone expected and they are working to integrate their assets continuously with the Customs Service and the Coast Guard to have responsibility here.

We all hope that the gulf war will be over and it will be a little easier to maneuver more of these assets into the Caribbean.

The short answer to your question is, yes, we are using the military assets you mentioned, and others, and we will probably use them more heavily once the situation in the gulf is solved.

Mr. HOCHBRUECKNER. OK. I also notice in the President's proposal that the budget authority for the Coast Guard is at \$704 million, which is down by \$14½ million, or about 2 percent. And the Department of Defense budget authorities at \$1,159,000,000, which is a \$50 million increase, which is about 4.8 percent.

I would like to know how is the DOD money generally being spent, and why is the Coast Guard being cut while DOD is being increased. What is the rationale for that?

Mr. CARNES. The actual programmatic level for the Coast Guard is going up by about \$53 million. What you see there is a lot of nonrecurring costs that are entered into in 1991 for replacement helicopters, particularly in the OPBAT and other activities for the Coast Guard. Those costs do not recur in 1991, so you don't have—so, in 1992 it looks like there is a decrease, although in effect offsetting the helicopters, not counting them, there is about a \$53 million increase.

Mr. HOCHBRUECKNER. For the Coast Guard?

Mr. CARNES. That is correct.

Mr. HOCHBRUECKNER. OK. Then is the \$53 million increase that is listed on the DOD in fact really the Coast Guard and the two are intermingled?

Mr. CARNES. No, they are separate.

Mr. HOCHBRUECKNER. Well, how is the money being spent by the DOD now—\$1 billion, well, \$800 million this year?

Mr. CARNES. The DOD breakdown is principally detection and monitoring with approximately \$825 million devoted to the activity called in the appropriation interdiction. Now that involves ship days, it involves airplanes, it involves individuals with various kinds of detection assets. Some of these can be manning the radars, for instance; aerostats.

It provides \$154 million in assistance to States and localities, part of it through the National Guard. DOD spends \$85 million on prevention activities for the military, as well as \$16 million on treatment, and then \$77 million is for R&D undertaken with explicit earmarking for drug-related R&D efforts particularly focused on activities to assist Federal law enforcement agencies.

Mr. HOCHBRUECKNER. Mr. Chairman, if I may have one more question?

I notice that the IRS folks are seeing a small cut. I am under the impression that the Internal Revenue Service provided a very valuable service in that they were able to help detect the illegal funds and, in essence, help detect people who are involved in drug trafficking by following funding. Why are they being cut? I thought they were contributing valuably.

Mr. CARNES. Again, the \$200,000 increase is adjustments to the base in 1991. In point of fact, the increases are going—the IRS agents that are going to be increased are going to go, for instance, from 1,073 in 1991 to 1,143 in 1992. These are just drug-related IRS agents and they are being increased in OCDETF—the Organized Crime Drug Enforcement Task Force. So the increases for IRS are being shown there rather than in IRS itself.

Mr. HOCHBRUECKNER. Very good. Thank you, Mr. Chairman.

Mr. RANGEL. Mr. Inhofe.

Mr. INHOFE. Thank you, Mr. Chairman. And thank you, Mr. Walters, and your group, for the presentation and some optimism. Because we haven't had a lot of optimism.

One of the components of the budget, from your testimony, the written testimony—I didn't hear you say it—that I was particularly pleased with is the \$500 million that would go to education in the classrooms. I recognize that very often those things with more sex appeal such as the supply side, interdiction or even treatment seem to get most of the media focus. But, in that area, particularly in the elementary grades, in my city, my major city in my district, Tulsa, OK, we have had a lot of success in those programs, starting with—some of them associated with programs that have started in other areas like the dairy program, but some that have been developed in our area that are very, very successful.

I told your predecessor this, and some others, that I would like to see an emphasis go toward those—in those areas where we have proven successes in those elementary education programs to help expand them. Right now we are trying to expand our programs from Tulsa out into the rural areas and I would like to—I looked

back for the backup material and all I saw was the one sentence: \$500 million for drug education in the classroom.

Would either you or Dr. Kleber or one of your colleagues be in a position to elaborate a little bit more on where that is going to go, what the emphasis is going to do, and what priorities are going to be used?

Mr. WALTERS. Yes. The basic program there is the block grant to the States that is distributed on the basis of school-age population. There is, as you probably know, in the Drug-Free Schools and Communities Act a requirement that all schools, public and private, elementary and secondary, have a drug prevention program that includes policies and educational materials. We have increased the funding of that, through the block grant, to support those efforts in our schools. We have maintained the level of increase in this year's budget and we have sought to add additional moneys for emergency areas, areas where we have particular problems with drug use, and the effort will be to try to use what we have learned in the places that work. The Department of Education operates five labs or centers that provide training and centralized information on works in drug prevention in schools and provide training in addition to the block grant money given to the individual school districts through the States.

So what we also are doing is trying to take and double the emergency grant program the Department of Education has in order to take areas where—as I said earlier in a response to the chairman's question, the phenomenon is not changing uniformly nationwide. Some places are better. Some places are not. Some places are worse. And what we are trying to do now with both the treatment and the prevention figures, and indeed with some of the law enforcement efforts, is focus resources on where there is the greatest need, because the current structure does miss some of those in the distribution.

Mr. INHOFE. Well, would it be the Department of Education that would play a greater role in making evaluations as to programs that are in existence and the relative effectiveness of those programs?

Mr. WALTERS. Yes. There is an ongoing evaluation we expect the first results of later this year that has been tracking the overall expenditure of these programs. In addition, the Department does a recognition program each year of outstanding prevention programs in schools. As I said, it has the centers that provide information on this, and they have continued a series of publications that highlight successful programs and the element of successful programs.

Judge WALTON. Mr. Inhofe, as you know, we cannot dictate to local school districts what type of program they should implement. However, the Department of Education has produced a model curriculum that has been sent throughout the country which provides a good guide as to what type of effort would be most effective.

In my experience in traveling throughout the country, the level of commitment at the local level varies. There are some very aggressive school districts that have excellent programs in place. There are some other school districts that are not so aggressive and don't have as good a program in place. But I can say that in every

jurisdiction I have been in, I have found at least some level of commitment.

And I agree with you that these programs are very effective in educating young people about drugs, and I believe that with the appropriate message most young people will make the right decision.

Mr. INHOFE. Well, I guess my point is twofold, and just use my major city as an example where we have demonstrated a very effective program. We have been carrying the entire burden locally, and we have been, actually, about 13 or 14 years, and it is a proven program.

I think, first of all, that we are in need of some support there, but my major concern is the taking of something that is working and in being able to expand it to other areas throughout the country, if not any more than just in the surrounding areas, in the rural areas. And this is where I would like to see the emphasis.

And I do plan to talk to—we were the recipient, incidentally, of one of the awards for our program in Tulsa, OK. So we have done a good job.

The last thing I wanted to mention, and it doesn't require a response, but I would hope that you take into consideration that a lot of these funds that are channeled through the States many times do not get to the best programs. You get a State where you have a rurally-dominated State legislature, the political system necessarily routes it through what might be more of a political route than a route where it is going to get to the problem. And a new emphasis on, or an expanded emphasis, which you already have recognized, in getting directly to some of the sources and bypassing the State legislatures—I know there is probably support for that notion up here—but this is something in some States, and Oklahoma is one of those, we would be much better served if we would go straight to some of our local governments.

Mr. KLEBER. We have asked for the State treatment accountability plan for the last couple of years and able to do that in treatment, and this year we are expanding that to also ask for accountability for the prevention dollars that go for that block.

Mr. WALTERS. Mr. Inhofe.

Mr. INHOFE. Yes.

Mr. WALTERS. This would require the States to give us a plan for expenditure of Federal money, and where they also join State and local money together, give us a plan that includes those resources measured against the need. There is always going to be politics in some of this, we all know that. But the goal here is to minimize the politic's detrimental effect on the distribution of resources, particularly as those resources get tight.

So we want the States to give us a plan based on need in both prevention and in treatment. We will allow some variation, some adaptation to individual priorities that are legitimate, but that will give us a better assurance that we are using the money effectively against real need.

Mr. RANGEL. Mr. Donald Payne.

Mr. PAYNE. Thank you, Mr. Chairman. Sorry that I missed most of the testimony, but I am very happy to see the new phase in the program.

I was just curious to know about the death penalty aspect of the legislation. Seeing so much violence associated with drugs currently even on the, primarily on the street level, what rationale do you have that the death penalty will have some impact on people involved in this illicit activity?

Judge WALTON. Well, I think it is always—to quantitatively assess whether or not the death penalty is going to act as a general deterrent, I think that is always difficult to assess. However, I agree with what Mr. Walters said, and I saw that experience when I was a prosecutor. That, unfortunately, those who are involved in trafficking of drugs, especially those who are higher up in trafficking organizations, are prepared to use whatever means necessary to protect themselves, including their own execution of the death penalty, and individuals who work with them in their organizations realize that.

One of the ways that they are able to maintain the power that they have and able to isolate themselves from detection is through scare tactics, and one of those tactics is execution. And, if, unfortunately, the Government doesn't at least have the threat of that being implemented, a lot of times a rational decision will be made by someone who is arrested who can provide information that could lead to higher-ups is that they are not going to talk to Government officials because of the fear of retribution. If that penalty is at least available, one of the positive things that can occur, and often does occur, is that people will come forward, they will testify, and as a result of that testimony you are able to bring down organizations.

Mr. PAYNE. OK. Well, that is good. I guess we can get into some other debates on other than this thing. And I agree that, you know, there is not a worse person in the community than a person who sells drugs and creates all of this havoc and sadness on families. Once again, I have seen the death penalty so disproportionately applied and, second, there is still no concrete—or I don't see where homicides are down in this country since the reinstitution of death penalties in many of the States and our Union, so to me it is no deterrent. And, as I indicated, if justice was colorblind, then I would probably support it. But since we all know it is not, it makes it difficult for me to support this measure.

My question relates to some of the sociological situations that occur in cities where the lack of opportunity pushes these youngsters. I think Congressman Rangel often talks about that. And I wondered if, in a thumbnail sketch, if there is any kind of deterrence that your group sees as the overall in the long range strategy. Currently we have a pilot project in my town that is being funded by a foundation, the Robert Wood Johnson Foundation. It is called the fighting back initiative. We spent a lot of time involving the community, organizing the community, talking to people, we went into several very high drug-ridden areas, and with increased resources we are really starting and we are recording it on film and so forth, because we are hoping that if it works it could be replicated.

I wonder if there is any thought, for example—if it works, we know that it is going to, therefore, cost money. You know, it is just like if you have—you know, if you invest a lot of money in research

and development, even in education, you probably could have smart students. Of course, we put our research into weaponry so we got smart bombs. But we have left the research out of making people smart.

I am wondering if when this thing shows success is there or do you feel that your agency could be a proponent for trying to replicate what is necessary in order to win the war on drugs?

Mr. WALTERS. Yes. Well, in terms of the Robert Wood Johnson Program, we like that program a lot. Because, as you know, it offers additional money to communities that have brought themselves together, all of the facets of the community, to work on the drug problem. And we know from the available research that when all of the elements of the community are working together you have the best chance of affecting the problem successfully.

We liked it so much that we created a Federal program in the last strategy modeled on the Robert Wood Johnson Foundation, and we are increasing funding for that in this strategy. So we want to see more communities reached and with the same kinds of resources.

In terms of the question about sustaining those efforts and followup, that is one of the reasons we have tried to leave the flexibility in the education grant treatment, and it also includes community prevention program support, and law enforcement grants which also provide money for some D.A.R.E. programs in communities and a variety of prevention efforts—is not just enforcement per se—to allow municipalities to blend those together and for States to give communities the option to blend those resources as they expand together.

Now, obviously, they are going to be using some of their own resources as well. But we are trying to make the Federal support, in short, as flexible as it can be and still be applied to drugs, and not shifted off the drug problem into something else. And one of the pieces of legislation that we talked about in terms of plans was to make sure that States—there is a maintenance of effort provision, because there are a lot of drains on States too. But, if we are going to get on top of this problem, we have got to make sure that we are adding to and we are not using Federal money for drugs that really just takes away State money on that issue and moves it somewhere else.

I think Dr. Kleber would like to make a comment.

Mr. KLEBER. Yes. I want to mention the Robert Wood Johnson initiative will fund somewhere between 8 and 12 communities. We are going to be spending over \$100 million on a similar initiative and be funding hundreds of communities to do similar kinds of things. We are very excited about that as one of the major prevention initiatives to really help communities organize around this.

Mr. PAYNE. Would one of the demonstration communities that is showing that it works be eligible for—you know, that is us—be eligible for some funding?

Mr. KLEBER. Yes. The programs that get the RWJ funds are still eligible to come in for Federal funding. They can't simply use the money for the identical thing. They have to show how the Federal money would be used differently than the RWJ money.

And, by the way, there is a major evaluation component to all of that. So at the end we will know whether that money has been spent wisely.

Judge WALTON. Mr. Payne, there is also another pool of money directed at public housing communities, and we have requested a \$15 million increase in fiscal year 1992 for that, so the total will be \$165 million allocated to public housing communities to put in place prevention efforts also. Also, the Department of Labor has about \$7 million that they are distributing through the Youth Opportunities Unlimited Program, and that is funding to help young people who are involved in drugs find their way out of that situation through job education and job opportunities.

Mr. RANGEL. Nita Lowey.

Mrs. LOWEY. Thank you, Mr. Chairman. And I do want to join my colleagues in welcoming you, Mr. Walters, and your colleagues. I am always delighted to hear that there are additional resources that are going into our communities. Seriously, as we all know, and we have focused on so many aspects of the problem, there is a tremendous need. And, although in some parts of my community over the last couple of years I have seen some reduction, more often than not the problem is just there, we are just beginning to scratch the surface, and I commend the increase in resources.

I agree with so many of my colleagues' comments. I would like to direct my questions to the treatment area. In looking through the section of the report about treatment I was pleased to see an increase in resources. However, one of the things that concerns me is that the strategy seems to assume large new spending by the States and localities. Now, I come from New York. We have a \$6 billion deficit. I am a little concerned about basing a strategy on new commitments from the States and localities, and I would like to ask you about that.

I am also concerned about the targets that are not being set in treatment. You have set targets in so many other areas of the problem, but you haven't set specific targets in achieving treatment goals, and I wonder if you could address that.

I will stop and then ask my other questions.

Mr. WALTERS. In terms of the issue of our proportions of funding, we have been asked to produce a national strategy which, obviously, covers States and localities and the private sector, even though we don't have a government that controls everything everywhere, properly we believe, of course, and that both gives the Federal participation in proposals and suggests the way those should be integrated. Now, we spend a lot of time, Judge Walton's office is again going to conduct another annual conference with State and local officials. We all spend a lot of time traveling, working with State and local officials, visiting meetings to make sure that we are bringing things together.

Part of this, though, is leadership, and we are challenging people to try harder and to work with us in the Federal Government, and the Federal Government as you are acutely aware has its own budget problems. We are trying to say we in the Federal Government, at least the recommendation of the President is, despite those problems he is going to make room for maintaining this commitment. And we understand that the recession is hurting States

and localities as well, and we don't intend to diminish our commitment because of their problems, but we are asking them to try to make this the priority it is at the Federal level. So we are trying to give a kind of national goal to shoot for and indicate we are doing it ourselves.

In terms of the issue of specific goals for, say, treatment slots, we have been working on this a great deal because the information about who—the population that needs treatment, first of all, and the information about the portion of that population that will come into treatment at any given time has been very difficult to develop over the years and there wasn't very much reliable information there to begin with. The chairman rightly suggested that, well, the surveys may be difficult. They are particularly difficult, obviously, when you are talking about addicts. Because while the household survey that we use covers 98 percent of the population living in households, we know that the most serious addicts frequently are not in households, not to mention there are going to be obvious problems with underreporting in that population.

Mr. RANGEL. Mr. Walters, what do you mean when you say it covers 98 percent of the households? You stated it is a sample.

Mr. WALTERS. It is a statistical sample representing 98 percent of the U.S. population.

Mr. RANGEL. I hate to do this, Mrs. Lowey, but how many of these forms are handed out?

Mr. WALTERS. There are over 9,000 of them. It is scientifically designed to select people that represent——

Mr. RANGEL. OK. So that the 9,000 samples are what——

Mr. WALTERS. It is not a census of 98 percent of the population. It is a statistically representative sample.

Mr. RANGEL. I understand. But we are talking about 9,000 pieces of paper representing scientifically 98 percent of it.

Mr. WALTERS. Right. That is correct.

Mr. RANGEL. You throw in another sheet of paper and you got 100 percent; right?

Mr. WALTERS. No. Because it only covers households.

Mr. RANGEL. OK. Oh, yes. The homeless would not be counted. I understand that.

Mr. WALTERS. So what we have tried to do is prepare information that will give us a better fix both on the population that will come into treatment and also trying to increase the number of people who have a drug problem coming into treatment and a better fix on treatment resources.

One of the disadvantages of a block grant program, of course, is that you do not have direct reporting about how resources are expended, so you have to do additional surveys.

The best available information we have had, beginning this summer, was nationally our treatment capacity is at 80 percent. We are using 80 percent of our available treatment capacity. There is a problem in the treatment system in that while there are waiting lists in some places that there are empty spaces in others, and that includes Federal as well as private treatment facilities.

What we are trying to do with the statewide treatment plan in part is better match resources to need. And also, with our new proposal for another \$100 million treatment, target it not through the

block grant mechanism but on the basis of need in areas of greatest need at the present time.

The short answer to your question is we now estimate—and we are working on this number. We talked to Senator Biden and the Judiciary Committee this morning on it, because he has also had a particular interest here. We now estimate that there are roughly, given our analysis and subsequent analysis by HHS based on an Institute of Medicine survey they funded, 5.7 million people in the category of individuals that have some kind of drug problem, that there is a capacity to treat about 2 million people per year. If our proposals were enacted as the strategy suggests and our partners in this, the private sector and the States, kept pace at the historical level, we would add 200,000 more slots.

We are going to continue to try to refine those numbers. Right now we don't have a good number on exactly how many of these people come into treatment in any particular year, but we are going to try to refine that as we go along.

Mrs. LOWEY. Thank you. There is another area that you referred to in regard to treatment. You talked about the difficulty in siting treatment centers, and I certainly know that; we have that problem in many parts of our community too. And you talk about the creation of large campuses for drug treatment.

The chairman and I authored an amendment last year to give high priority to turning over those closed military bases, 86 of them, and turning them into drug treatment centers and prison. I remember sitting here last year talking about that issue. There seems to be a question as to priority. As far as I know, not one of those bases has even been considered for conversion, much less turned into a drug treatment center. And it seems to me that if we have these resources we should be considering them as treatment centers. Would you comment on that?

Mr. WALTERS. Yes. Actually, I will ask Dr. Kleber. He sits on the body that has been involved in this matter.

Mr. KLEBER. The problem has turned out to be much more difficult than I think many of us had envisioned when we first started in terms of the suitability of these facilities. Information on over 5,000 facilities was screened for suitability and communicated to the States by NIDA. That is, after going through thousands of potential sites—

Mrs. LOWEY. Excuse me. We are talking about the 86 bases that were—you are talking about 5,000 sites other than bases?

Mr. KLEBER. No. Each base may have more than one site. A base may have numerous sites.

Mrs. LOWEY. So these are sites on bases?

Mr. KLEBER. That is correct. These are underutilized or unutilized areas, and NIDA sent information on over 5,000 of these to the single State agency in every State, feeling that the best people to decide whether those facilities would be useful for treatment would be people at the local level, at the State level, who would be able to say yes, this is something that meets our needs.

Unfortunately, as far as we can tell at this time not one single site has been identified by the States as being something that they want to use for treatment. Now part of that I think lies with the fact that some of these sites are extraordinarily difficult to use for

treatment. By underutilized, it may mean a site that is used for summer training and is vacant from September to June, but is utilized from June to September. You are not going to put a treatment there and close it 3 or 4 months a year.

So we are continuing to work. We are somewhat more optimistic on the base closings than we are on these underutilized and unutilized sites of the existing bases. But, as of yet, so far on the underutilized ones nothing has been identified by the States out of those 5,000 as something that they can utilize.

Mrs. LOWEY. Excuse me. I believe my time is up. But I was referring to the 86 bases slated for closing, and perhaps, Mr. Chairman, we could pursue this either with a hearing, or with legislation.

Mr. KLEBER. OK. So that is a different—

Mrs. LOWEY. I am talking about the 86 bases slated for closure.

Mr. KLEBER. But they haven't closed.

Mrs. LOWEY. It seems to me they may not be perfect, but they are better than nothing. And perhaps we can pursue that at another time and get additional information.

Judge WALTON. If I could respond? I think that should be pursued, but there still may be significant obstacles to using those. I know there is a base over in Alexandria, VA, that is slated to be closed or already has closed, and there was some discussion about the potential of using that for either prison space or for treatment and there was tremendous community opposition. So a lot of your bases that are going to be most suitable for treatment because they are close to metropolitan areas where the user population or the addicted population lives and exists, there still may be a problem with using those bases.

Mrs. LOWEY. Thank you very much.

Mr. RANGEL. Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman. And thanks again for the testimony. I am also happy to see that you are increasing research money. I think that that is extremely important, and I am hoping that maybe we can develop an antabuse of some type, some sort that would be able to assist us in dealing with the problem.

However, I do find some things that are very disturbing. That when you talk to people in education the information that they give us is just so different from what you are giving, and I must admit that you didn't appear to be too shocked when Congressman Rangel indicated the fact that he had problems with the actual statistics, because you didn't appear to be too shocked at that either.

Mr. WALTERS. He has communicated those before.

Mr. TOWNS. Oh, I see. I noticed there was no shock.

Mr. MORRIS. We are working on shock. [Laughter.]

Mr. TOWNS. The fact is that when educators talk to us they say that the dropout rate has increased, and they will openly say that it is because of drugs, the increased use of drugs among students. Now, what is the reaction to educators when they hear in terms of your glowing statistics that drug abuse is on the down swing and it is a matter of time and we will be able to get on top of the problem? What do they say when they hear these numbers coming from you?

Mr. WALTERS. Well, first of all, let me just say I did not mean to say, and I don't think I said, it is a matter of time. There is nothing necessary about decline in drug use. What has happened so far is a result of a lot of people's hard work, most of them in communities. The vast majority of them in communities, in classrooms, in homes, in community prevention efforts, in hospitals and police stations. There is nothing inevitable, but if we don't stay at it—that is where I began and I was not being either polite or dismissive in saying I need your help. This is going to be a problem that can get lost in the shuffle of Congress. We have worked very hard to make sure that the President's commitment is followed through in the executive branch, and that is represented in this strategy and our implementation of strategies I and II.

But, if we don't keep this on the front burner, it won't be on the front burner. I may disagree with the chairman about how hard executive branch people are working on this. I have a slightly better view than he does of this because of our different perspectives, perhaps. But it is not going to happen if people in Congress forget about it. It is not going to happen if you don't fight the fight on the budget, if you don't fight the fight on the legislation with us, and that is why we need your help.

In terms of improvement, again I want to be sure to make clear it depends on where you are because there are obviously places where it is getting worse. I used to work at the Department of Education. That is where I began working on the drug problem. I am aware of the people who believe that the rise of the drug problem was closely connected with problems of student achievement and in dropouts. Some places I think there is reason to believe that. There is a debate among experts and researchers about the extent to which that is true.

But, overall, I think that what we are seeing in the available data is nationally, not everywhere, not always, that there is a decline in drug use. And I think in particular the most encouraging thing I see, and this kind of goes counter to exactly the problem you are facing me with, is that among young people the attitudes have gotten more negative faster in the couple of years than they have in any other group. And that bodes well for the future because, obviously, they are at the starting point. And I recognize it is not true in all schools, but I think nationally we are doing a better job. The surveys show that 90-plus percent of our schools now have some kind of drug prevention. My colleagues can speak more directly than I about their visits to the country and what they are seeing in schools.

Every place is not better and there is real suffering going on, and that is why we need this additional money in addition to additional effort. But I don't think we should mask the fact that a lot of people's hard work is making a difference. And that includes hard work of young people.

Judge WALTON. Mr. Towns, I wouldn't at all take exception with what you indicate regarding dropouts. My experience is that most of the kids who would come into court, when I was on the bench, charged with a criminal offense, at least a large percentage were in fact in some way involved in drugs, and most of them, a lot of them at least—I would say most—had dropped out of school. So clearly

among dropouts I would agree that you have got a significantly greater problem with substance abuse than you do with those who are in school.

But my experience in talking to educators is that in reference to that population that is actually enrolled in school that the situation has gotten better.

Mr. RANGEL. Mr. Towns, would you yield on that point?

Mr. TOWNS. I would be happy to yield to the chairman.

Mr. RANGEL. On what page of your strategy do you deal with the problem that you just referred to, Judge?

Judge WALTON. In reference to?

Mr. RANGEL. The number that have dropped out that you found entering the drug addiction and criminal justice system. What page of the strategy addresses that?

Judge WALTON. I don't know if there is anywhere in this particular strategy that addresses that.

Mr. RANGEL. Any past strategies?

Judge WALTON. Well, there was—I don't know if it was the first or second strategy, there was specific indication, and I believe that effort is ongoing, that demonstration programs would be put in place to try and deal with the problem of dropouts.

Mr. WALTERS. There are particular programs that have as their goal reaching out to high-risk youths on portions of the education grant, which includes dropouts. We have extended the program here for the first time in this strategy to provide treatment in the Job Corps Program, where you have a number of young people who have either dropped out of school or are in danger of dropping out of school.

There are particular targeted programs in the Department of Health and Human Services that look at high-risk youth and HHS that look at subcategories of high-risk youth—gang members; young, pregnant, abusing mothers—in HHS. So we don't categorize dropouts as a particular category and flow programs through that, but the programs generally address that population in the category of high-risk youth, although that is slightly bigger than dropouts.

Mr. RANGEL. That answers me. I will get back to that after Mr. Towns finishes.

Mr. TOWNS. Just one other question. It was sort of touched upon earlier in reference to the block grants and the money getting down to the locales. Are there a lot of strings attached to that, as to why it can't get down? Because, you know, we get feedback from community groups indicating that, if they feel that they need a strong education program, that the money available is for treatment, or if they really need treatment. The point is, what they need, generally the money is not available for that, and, as a result, they sometimes find themselves trying to fit into the program in order to be eligible even though that might not be the thing that they need at that particular point in time.

Mr. WALTERS. I understand that. It is a problem that we grapple with. It has two parts. One is the effort to try to give—what we have tried to do in these programs, I think—even from the Reagan administration when I worked at the Department of Education—is to be precise about the goal we want to hit—reducing drug use, increasing negative attitudes toward drugs, and so forth—and be

flexible about the means school districts in this case use to reach that goal, provided they are demonstrating that they are moving toward the goal.

So if they want to use the D.A.R.E. Program in their school or if they want to use a different program, if they want to take a program and match up because they have a problem with health care people to provide treatment in a school setting with people that are providing assistance for potential dropouts under high-risk youth, they can do that.

We have tried to maintain that flexibility, but we have said the price of the flexibility in these programs is accountability. You have got to show that you are measuring the problem in a systematic and credible way and you are making progress, and when you are not making progress or you have problems, you are correcting it, so we are not just funding failure, we are spending the money wisely, and we are being attentive to how we are doing it and what effect we are having on the kids, most importantly.

In terms of how the money gets out to localities, as Mr. Carnes mentioned earlier in a question about the Justice Department block grant, some States—most States, for that matter—take a Federal appropriation, once it is available, and feed it through the legislative appropriations process so that they can better blend and plan those programs. That causes a delay.

These programs grew in the latter part of the eighties and now the beginning of the nineties. This chart that we prepared for our State block grant proposal shows some of what has happened in terms of outlays—that is, not what has been appropriated but what is going out—and, as you can see, it takes the three grants—the Justice Department grant, the education grant, and the treatment block grant—and one of the reasons you are seeing individual, I think, State people as we go out, more and more of them, saying they are now getting some of the money is, the outlay process, after it goes through Federal release and State allocation, is beginning to arrive in the cities in significant sums.

Sometimes individual State and/or city people can't separate a Federal dollar from a State dollar because it all comes in one check, so sometimes they aren't aware that they are getting Federal resources. But what is happening here and what we have tried to push on is, we need to build the capacity and maintain the support in a consistent manner so that these treatment programs and prevention programs can get established and have a firm foundation.

So we are beginning to get those resources in, and I don't mean to switch positions with the chairman, because he noted that we just can't throw money at it, and I remember being in the last administration and we kind of had a different view about some of the issues about money, but I think we are in agreement that you can't do something with nothing, and, no matter how much you have, if you don't use the money properly, it is not going to be effective, and there, I think, we have an agreement that we can build from and use the money and the legislative requirements in the way you specified.

But I think you are getting the money out there, and, if we sustain it, we will start to have an effect. If we start cutting it, moving it up and down every year, nobody can plan out there.

Mr. KLEBER. I would also like to point out that the money, for example, for prevention goes out in two ways. You have the specific Federal grant programs; we would have to apply to a Federal agency like the Office of Substance Abuse Prevention; but then you have 20 percent of the block grant that goes to the Governors of each State, where they can use that prevention money in any community in the State for prevention efforts; it is not tied to any particular Federal grant program. So it is effort to, one, try and get the accountability but also to give flexibility.

Mr. TOWNS. Fine.

Thank you very much, Mr. Chairman.

Mr. RANGEL. Let me see whether we can end this on a positive note, Mr. Walters. The education money that is targeted, the prevention money that is targeted, and whatever else you talked about in discretionary funds—and I hope that we may have something for alternatives to jails, but, Judge Walton, there was a time when I got the clear impression that poverty and joblessness was not on the agenda of our office at all. There was some comment that Secretary Bennett made that root causes of this stuff are not—you know, Eisenhower wasn't asked what caused the war in Germany.

Obviously, there are things in this book here somewhere that you kind of think touch on the issues that I have raised. I hope that you would work with my staff in pulling those things out. Again, it is not because of the dollar figures that are next to them, but it might help me if I could see the Secretary who is in charge of that specific discipline to be able to show us what is working or what he would encourage. Or if I were, say, in treatment, high-risk treatment, could you tell me, Judge Walton, what treatment the Federal Government could advocate if a Governor asked what is working nationally for crack addicts, you know, who are about 18 years old and pregnant? Could you give any direction by going to Dr. Sullivan?

Judge WALTON. There are some programs that I have seen that show tremendous promise.

Mr. RANGEL. I really don't mean you, I meant my government. If you have national programs and national bucks, limited as they may be—and I know you are not thinking about broadening the programs to have a national program, so I have forgotten that, at least for the next 3 years. But if you do have something—

Mr. WALTERS. So I understand, what did you mean about broadening, but we are not thinking about it?

Mr. RANGEL. I know you are not going to have a national treatment program, Federal treatment centers; you are not going to do that.

Mr. WALTERS. You mean only Federal treatment centers; no.

Mr. RANGEL. I don't mean only, I mean any.

Mr. WALTERS. The Veterans' Administration is the biggest treatment provider in the world.

Mr. RANGEL. President Bush is talking about pushing off domestic programs to the States and block grants or discretionary funds. That is the way we have been going. I am not going against that.

What I am saying is that, where you have demonstration grants and they are working, I can't, for the life of me, recall reading where any of the generals who are involved in this war against drugs has come out and said, "If the States really want to tackle this thing, they will have plan A, B, C, as it deals with treatment," or the Attorney General saying, "We're not going to get involved in telling police chiefs what to do, but one of the things we have found out that has worked"—and the jail system is not working—"is this plan, which is an alternative to the regular system." Or likewise in education and prevention.

My staff tells me that somewhere not clearly identified there is money there for discretionary educational grants. Somebody is monitoring it; someone is doing something right; and if I don't believe that my city and State are doing it right, I would like to go to former Congresswoman and now the new Secretary of Labor, Lynn Martin, or whoever is in charge in her shop and say, "Listen, what is it that you really think on the national level is working?"

So I really don't see people—the Secretaries—out front, as I did see Mr. Bennett. Yes, he knew how to get attention, and he knew how to focus where the budget was, and I think that is good. But I don't see anybody else coming and saying, "How in the heck do you guys expect us to do a job when here is the educational program that works, and here is the treatment program that works, here is the law enforcement program that works?"

So I think I will miss Bill Bennett, but if you can tell——

Mr. WALTERS. We tried to address this in two ways, and there are other parts of the Government trying to get out the same information. We want things that work to be the things that people use their additional resources, whether they are Federal or other, to pursue.

We produced a white paper, which we sent, and we wish it would be disseminated more widely, called "Understanding Treatment." It talks about what treatment is, how it works. It was an effort, partly, to reach out to people who think—cynically, we think—that treatment doesn't work, there isn't anything effective, and we talk about the methodologies, and we try to provide referral.

In addition, in our own office, Judge Walton has led the establishment of a meeting last year, and we are scheduling another one this year, to bring in State and local officials and talk about what works in drug control, where the Federal initiatives are, what is going on in the States. We have had panels on each individual area that include not only experts but people who know, from the agencies as well as in the States, what programs are working, so that they can get that information as well.

Mr. RANGEL. That is news to me.

I have asked at every hearing—when I had Dr. Sullivan—when they have just called in the 50 commissioners that deal with treatment, not all of the providers, just the one person in each State in charge of treatment, and I have never heard of any conference just with them.

Judge WALTON. That is what we did last year, and we would be happy to have you attend this year, because we did have model programs illustrated and shown.

Mr. RANGEL. Well, let's beat that. Why don't you send out to Members of Congress what is being done on the national level so they can look and see where their State is and what conferences their officials have attended, so that if Coughlin has something working in Philadelphia, or someone has said it is working, then I can go and I can ask him, "What the heck are they talking about in Martinez's shop?"

But I don't see the thread of where—and I am not trying to nationalize the programs—where there is sharing of information about what is going on in the Nation.

Mr. KLEBER. There was a conference about a month ago sponsored by NIDA that had over 1,000 participants from around the country, and there were a number of congressional staff that attended, because I know in one of the symposia that I chaired there were a couple. The purpose of it was to bring the people at the cutting edge, who were doing research on treatment and prevention, and put them together with the providers and say, "Here's what is working on treatment for this kind of patient; here's what is working on prevention." Everything I heard from the participants was that this was an extraordinarily valuable sort of technology transfer kind of meeting.

Mr. RANGEL. I have to run and vote, but what I am saying is, that is good, and it would seem to me that the hub would be the Federal Government, where they can skim what is working and put it together. I know it doesn't work for everybody, but you should be able to say, "This looks like the national trend, this looks like what is working," and put out your paper.

Mr. WALTERS. We are trying to do that. We will try to work with you and your staff to get that information to you.

Mr. RANGEL. OK. Well, tell Governor Martinez that we really look forward to working with him, and maybe this time we will try the soft sell and see whether that is more effective than what we have had in the past.

Thank you for coming.

Mr. WALTERS. Kinder and gentler.

Mr. RANGEL. More kind and more gentle.

[Whereupon, at 3:18 p.m., the committee was adjourned.]

PREPARED STATEMENTS

OPENING STATEMENT

OF THE HONORABLE CHARLES B. RANGEL

CHAIRMAN

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

HEARING ON

THE NATIONAL DRUG CONTROL STRATEGY

WEDNESDAY, FEBRUARY 6, 1991

(39)

GOOD AFTERNOON. I WANT TO THANK YOU, MR WALTERS, AND YOUR COLLEAGUES AT THE OFFICE OF NATIONAL DRUG CONTROL POLICY FOR TESTIFYING BEFORE THE SELECT COMMITTEE TODAY ON THE THIRD INSTALLMENT OF THE NATIONAL DRUG CONTROL STRATEGY.

YOU BRING SOME GOOD NEWS. THE PRESIDENT HAS REQUESTED A FUNDING INCREASE OF \$1.1 BILLION FOR ANTI-DRUG PROGRAMS. HOWEVER, FROM MY PERSPECTIVE, THE STRATEGY IS DISAPPOINTING. THE STRATEGY'S EMPHASIS REMAINS ON INTERDICTION AND LAW ENFORCEMENT WITH SCANT ATTENTION TO ADDRESSING HARD-CORE DRUG ABUSE AND DRUG ADDICTION AND THE ROOT CAUSES THAT OFTEN UNDERLIE THESE PROBLEMS. FRANKLY, I HAD HOPED FOR A MORE COMPREHENSIVE BATTLE PLAN LIKE WE HAVE IN THE PERSIAN GULF WAR. INSTEAD, THE STRATEGY SEEMS TO OFFER MORE OF THE SAME POLICIES OF THE PAST FEW YEARS.

WE HAVE SEEN SOME ENCOURAGING SIGNS OVER THE PAST YEAR AND SHOULD ALL TAKE PRIDE IN THE PROGRESS MADE IN CHANGING PEOPLE'S BEHAVIOR AND ATTITUDES ABOUT DRUGS. THE HIGH SCHOOL SENIOR SURVEY, RECENTLY RELEASED BY SECRETARY SULLIVAN, SHOWS THAT STUDENTS WHO FINISH HIGH SCHOOL INCREASINGLY TURN AWAY FROM DRUGS. AND THE HOUSEHOLD SURVEY, RELEASED BY THE NATIONAL INSTITUTE ON DRUG ABUSE, SHOWED DIMINISHED CASUAL DRUG USE BY MOST AMERICANS. BUT THE SENIOR SURVEY DOES NOT COUNT HIGH SCHOOL DROPOUTS. AND THE HOUSEHOLD SURVEY DOES NOT COUNT THE HOMELESS, THOSE IN THE CRIMINAL

JUSTICE SYSTEM, INSTITUTIONALIZED PERSONS, AND OTHERS WHOSE USE OF DRUGS EXCEEDS THE NORM. SO HARD CORE DRUG ABUSE, THE FOCAL POINT OF OUR NATION'S DRUG CRISIS, REMAINS AS INTRACTABLE AS EVER AND WIDESPREAD. IN ORDER TO BE TRULY EFFECTIVE, OUR DRUG STRATEGY MUST ADDRESS NOT ONLY ADDICTION BUT ALSO THE POVERTY, UNEMPLOYMENT, AND HOPELESSNESS THAT OFTEN LEAD TO SERIOUS DRUG ABUSE.

IN FOREIGN POLICY, THE ADMINISTRATION HAS FALLEN SHORT OF ITS PLEDGE TO RAISE THE PRIORITY OF DRUG CONTROL. WE HAVE NOT SEEN MANY ANTI-NARCOTICS INITIATIVES ON MR. BAKER'S DIPLOMATIC AGENDA. THE BUSH ADMINISTRATION HAS SHOWN ITS ABILITY TO ASSEMBLE AN INTERNATIONAL COALITION AGAINST A COMMON ENEMY. I WOULD LIKE TO SEE THE STATE DEPARTMENT PUT A TOP PRIORITY ON DEVELOPING COOPERATIVE ANTI-NARCOTICS TIES WITH OTHER NATIONS. WE NEED TO COUNTER THE NATIONAL SECURITY THREAT POSED BY THE INTERNATIONAL NARCOTICS TRADE. THE U.N. INTERNATIONAL NARCOTICS CONTROL BOARD REPORTED LAST MONTH THAT ILLEGAL DRUGS IMPERIL PUBLIC HEALTH IN ALL COUNTRIES AND THREATEN THE VERY LIVES OF POLITICAL LEADERS, PUBLIC OFFICIALS, AND PRIVATE CITIZENS AROUND THE GLOBE.

DOMESTICALLY, WE USE COURTS AND PRISONS, RATHER THAN TREATMENT AND JOB TRAINING CENTERS, AS OUR INSTRUMENTS OF DRUG POLICY. BUT PRISON OVERCROWDING AND THE STRAIN ON OUR JUDICIAL SYSTEM CAUSED BY AN INFLUX OF DRUG CASES DEMONSTRATE THE SHORTCOMINGS OF THIS POLICY APPROACH. WHILE

LAW ENFORCEMENT MUST BE A CENTRAL FACET OF OUR ANTI-DRUG POLICY, WE CAN DEVISE A MORE COST-EFFECTIVE AND ENLIGHTENED APPROACH. WE NEED ENHANCED COOPERATION BETWEEN STATE, LOCAL, AND FEDERAL OFFICIALS AND TO BOLSTER DEA PRESENCE WORLDWIDE. HOWEVER, EVEN AN EFFECTIVE LAW ENFORCEMENT PROGRAM DOES NOT HAVE TO EXCLUDE A FEDERAL DRUG TREATMENT CENTER, A SET OF FEDERAL TREATMENT STANDARDS, OR A SYSTEM OF TREATMENT ACCOUNTABILITY. THE NATION'S DRUG POLICY IS LACKING IN THESE AREAS.

PRESIDENT BUSH HAS NOW NAMED A SUCCESSOR TO MR. BENNETT. HE ALSO NAMED A NEW SECRETARY OF EDUCATION. I CAN ONLY HOPE THAT THESE APPOINTEES WILL IMPROVE UPON PAST PRECEDENTS. I WOULD LIKE TO SEE MORE THAN COLORING BOOKS AND MODEL CURRICULUMS WITHOUT ANY INCENTIVES FOR IMPLEMENTATION COMING OUT OF EDUCATION. AND I WOULD LIKE TO SEE A MORE CONCERTED EFFORT ON BEHALF OF THE DRUG DIRECTOR TO WORK WITH CABINET MEMBERS TO PUSH A HIGH PRIORITY-RATING FOR DRUG ISSUES.

I LOOK FORWARD TO YOUR TESTIMONY TODAY AND HOPE THAT YOU CAN PREPARE US FOR THE LEADERSHIP TRANSITION THAT LIES AHEAD.

STATEMENT OF

JOHN P. WALTERS
ACTING DIRECTOR
OFFICE OF NATIONAL DRUG CONTROL POLICY

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL
UNITED STATES HOUSE OF REPRESENTATIVES
FEBRUARY 6, 1991

Thank you, Mr. Chairman. I am pleased to be here to discuss the President's third National Drug Control Strategy.

As you know, pursuant to the Anti-Drug Abuse Act of 1988, the President is required to develop and submit to Congress annually a National Drug Control Strategy. The Strategy, by law, must include comprehensive, long-range goals and short-term measurable objectives for reducing drug use in the United States, a description of the balance between resources devoted to supply and demand reduction, and a review of State and local drug control activities. We believe that the 1991 Strategy continues to fulfill these statutory requirements and presents a comprehensive, fully-integrated blueprint for our Nation's anti-drug policies.

Since September, 1989, when the President presented the first National Drug Control Strategy, the Federal Government has expanded its attack on the drug problem. The Strategy has drawn together the efforts of the criminal justice, drug treatment, and education systems; workplace, public awareness and prevention initiatives; and international, interdiction, and intelligence programs. The 1990 National Strategy incorporated and extended the plan set forth in the first. And now, with the third Strategy, we continue to build upon the fundamental, guiding principles set forth in September 1989: educate and dissuade our citizens from using drugs; place more addicts in effective treatment programs and greatly expand the number and quality of such programs; reduce the supply and availability of drugs on our streets; dismantle trafficking organizations through tough law

enforcement and interdiction measures; and strengthen the efforts of source and transit countries to dismantle the drug trade and provide, in some countries, economically viable alternatives to coca cultivation.

In order to implement his anti-drug policies, the President has again requested substantial increases in Federal drug funding. In Fiscal Year 1989, the Federal drug budget totalled \$6.4 billion. For FY 1992, the President is seeking \$11.7 billion in drug-related budget authority, an 83 percent increase since he assumed office. This request reflects a sustained commitment by the President to expand the fight against drugs.

Major drug indicators like the Drug Abuse Warning Network (DAWN) and price and purity indicators from Federal and other law enforcement agencies reveal an overall decline in drug use and drug trafficking. As demonstrated by the recent release of the 1990 Household Survey, statistical evidence indicates declines in overall drug use, adolescent drug use, and occasional and frequent cocaine use. And the stated goals in these areas, as set forth in the 1989 Strategy, have been met. Especially encouraging, and perhaps most important, more students view illegal drug use unfavorably. While this progress has been encouraging, the 1991 Strategy does not overlook the intolerably high and unacceptable levels of drug use among certain groups and populations such as adolescents, pregnant/postpartum women and infants, and drug users risking or suffering from HIV/AIDS. Our policies recognize that nothing less than a comprehensive effort

-- applying pressure to every part of the problem simultaneously
-- will suffice.

In the area of treatment, our objective remains straightforward: to get more drug users to stop using drugs through treatment while improving the effectiveness of the treatment they receive. Therefore, to further expand our treatment system capacity, we propose \$99 million in increased Federal support to increase treatment capacity targeted to areas of greatest need. This will bring total requested treatment funding to \$1.655 billion for Fiscal Year 1992, an increase of \$156 million over 1991. We continue to support Treatment Campuses which treat large numbers of addicts while providing an opportunity to evaluate and compare the efficiency of different treatment methods. We devote \$119 million for treatment programs targeting priority populations such as adolescents, pregnant/postpartum women and infants, and drug users risking or suffering from HIV/AIDS. The 1992 National Drug Control Budget includes a total of \$184.7 million in federal funding for treatment in the Nation's criminal justice system. We will continue to develop promising treatment methods with increased funding for the National Institute on Drug Abuse. And we will seek legislation that conditions receipt of Federal treatment and prevention funds on a State's implementation of coordinated, statewide treatment and prevention plans.

Because our goal is to reduce the overall level of drug use nationwide, preventing drug use before it starts is our highest

priority. The Strategy continues to focus on community, workplace, and youth drug prevention policies. We are proposing \$114 million in Community Partnership Grants permitting a new Target Cities grant initiative which will award prevention grants to 330 communities in FY 1992. We are also requesting \$165 million for HUD's Public Housing Drug Elimination Grants -- a 10 percent increase over FY 1991 to aid the people in these communities who are ready to fight back. To instill in children the values and attitudes that contribute to a drug-free life, we are seeking nearly \$500 million for drug education in the classroom including doubling the Emergency Grants program. We are continuing our efforts to achieve a drug-free workplace. On the Federal level, the Administration's goal is for every Federal agency to have a fully-implemented drug program -- including drug testing. In the private sector, we will continue to educate employers and employees about the dangers of drug use in the workplace and encourage companies, both large and small, to establish more drug-free workplace programs.

Our Federal, State, and local criminal justice systems attack both the supply and demand aspects of the drug problem. These efforts deter drug use; disrupt drug trafficking; and arrest, prosecute, and punish drug criminals; and encourage many drug users to seek treatment. To maintain our broad-based assault on drug use in the United States, we will continue to strengthen our Federal task forces (\$402 million for OCDETF) and our DEA state and local task forces (\$55 million). Given the

importance of our Domestic Marijuana Eradication/Suppression programs, we will continue to make them a priority in FY 1992.

As the provisions of the National Drug Control Strategy are implemented, it is critical that there exists sufficient prison and jail space to house criminals. In addition to the 50,000 beds under design or construction in the Federal prison system through 1996, we will continue to expand our Federal prison capacity by seeking funding for over 3,600 new beds in FY 1992. Expanded resources are also proposed for Federal money laundering investigations in the form of 85 special agent positions and \$8.8 million for the IRS Organized Crime Drug Enforcement Program, and an additional \$1.6 million to expand the intelligence information systems of the Financial Crimes Enforcement Network. And, once again, the Administration will propose legislative initiatives which: 1) condition receipt of Federal criminal justice funds upon States' adopting drug testing within their criminal justice systems; 2) streamline exclusion and deportation proceedings for criminal aliens; and 3) authorize the death penalty for three categories of major drug offenders.

It remains clear that the United States cannot assume the entire burden of combatting drugs. A cornerstone of our international drug control strategy, therefore, is to work with and motivate other countries to engage their own resources and efforts to defeat the drug trade within their borders. Toward that end, we will expand our Andean Strategy with increased economic and military assistance -- over \$125 million in

increased funding to Colombia, Peru, and Bolivia. Total Andean Strategy funding will be almost \$500 million in FY 1992 -- \$214 million in law enforcement and security assistance, and \$286 million in economic assistance. Additionally, we will encourage drug producer and transit countries to strengthen their laws, legal institutions, and programs to apprehend and bring drug traffickers to justice. And we will continue to work with other countries to inform them about our successes in reducing our demand for drugs, and to help them to better assess their own demand for illegal drugs. We will also build upon our cooperative efforts with Mexico against drug production and trafficking, particularly along our common border.

We will enhance our border interdiction activities by applying innovative technology to drug detection and data collection. We will continue vigorous enforcement of immigration laws and pursue international cooperation to halt illegal diversion of precursor chemicals, weapons, and explosives to drug traffickers. And, once again, we will propose legislation that provides sanctions against those who refuse orders of Federal authorities to land an aircraft or bring-to a vessel.

To strengthen our overall drug reduction activities, we will improve our efforts in the areas of basic and applied research in behavior, medicine, and law enforcement technology. For FY 1992, we will seek \$488 million to expand upon this year's \$435 million -- an increase of nearly 50 percent since the first Strategy was announced in 1989. We will also continue to learn more about

effective means for dissuading drug use and treating addicts.

Because Federal, State, and local law enforcement depends on intelligence to understand and effectively combat the illegal drug trade, the Strategy contains initiatives that will provide more coordinated intelligence and information management. We propose the establishment of a Law Enforcement Drug Intelligence Council to coordinate Federal law enforcement drug intelligence collection and analysis requirements. At the same time, we will continue to work with Congress to move forward with a National Drug Intelligence Center.

Lastly, we will continue to support the five areas designated in the 1990 Strategy as High Intensity Drug Trafficking Areas (HIDTAs): New York City, Miami, Houston, Los Angeles, and the Southwest Border. All the areas were designated for priority attention because of the drug trafficking activities in those regions that affect the entire Nation. The HIDTA initiative was specifically designed to support the law enforcement community -- the Federal, State, and local elements of the criminal justice system -- in each designated area. The major thrust of HIDTA priorities focuses on areas of financial disruption, intelligence, and technology, and the 1991 funding that has been earmarked for State and local law enforcement resources will pay particular attention to multi-jurisdictional law enforcement initiatives that focus on drug-related violence. In addition to the HIDTA-specific \$50 million request for FY 1992, nearly \$1.5 billion in Federal drug funding will be spent in the designated

HIDTA's.

This summary touches upon some highlights of the 1991 Strategy. We believe that we have made progress and that the situation is far better than it was eighteen months ago. However, progress thus far has not diminished the dedication of the President or the Nation to the anti-drug effort. We remain acutely aware of the havoc drugs continue to wreak in this country. We must work even harder with greater resources and more personnel devoted to the fight. That is what the President's Strategy requests. We remain determined to reinforce the successes achieved thus far and make further reductions in the level of drug use.



SUBMISSIONS FOR THE RECORD

REMARKS

Select Committee on
Narcotics Abuse and Control
Honorable Kweisi Mfume (MD - 7th)
Wednesday, February 6, 1991

National Drug Control Strategy

MR. CHAIRMAN, I would like to thank you for the timeliness of this hearing this afternoon. As we begin a new Congress, I believe it is appropriate and beneficial to discuss the components of the national drug control strategy. Let us be clear on the goals regarding the eradication of drug use, and coordinated in our efforts to achieve such a goal. To expunge the scourge of drugs and to arrest the destruction of this nation, especially of our young people, must remain a top priority.

The malevolence of illicit drugs reaches far, onto every continent and into almost every nation; it has certainly permeated the fiber of American society. Such a predatory quality necessitates a comprehensive drug control strategy, substantive enough to abate any future escalation and definitive enough to ameliorate circumstances which already prevail.

MR. SPEAKER, the National Drug Control Strategy recently outlined by President Bush seems to address the current drug crisis but in some respects, does so only in a peripheral manner. Specifically, while the detailed drug policy has significant

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resources devoted to several priority areas, it unfortunately puts heavy emphasis on the criminal justice system component of the plan without comparable emphasis on other components, namely treatment and prevention.

MR. SPEAKER, this is not to say that the national drug policy does not address these areas. What it does say, however, is that there seems to be a lack of balance with regard to priorities and that perhaps this policy will be less than effective in successfully fighting the drug war.

I believe that the current drug policy is sound in a number of respects. For example, it advocates drug treatment programs for persons in the corrections system; identifies education as a powerful tool in reducing the demand for drugs in many communities; and has augmented criminal penalties to incapacitate drug trafficking operations. However, while constructive, these approaches are topical, short-term reactionary solutions to more profound problems.

As in the past, I firmly believe that the drug epidemic, particularly with regard to those who consume illicit drugs, has root causes. Principally, the drug trade is a debilitating manifestation of systemic problems which impact families nationwide but disproportionately, socio-economically disadvantaged families.

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MR. SPEAKER, although the national drug policy has in the past disregarded this crucial link, I anticipate that the relationship of root causes to the drug epidemic will be brought to light and addressed during this Congress. By clarifying this relationship, the American people will be best served and the goal of effectively ameliorating the drug epidemic will be more plausible.

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